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Vol. XX

January, 1934

No. 1

Journal of Social Hygiene

Yearly Summary—Part I

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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER
AT 372-374 BROADWAY, ALBANY, N. Y., FOR
THE AMERICAN SOCIAL HYGIENE ASSOCIATION
EDITORIAL OFFICES
450 SEVENTH AVENUE, NEW YORK CITY

JOURNAL OF SOCIAL HYGIENE ALBANY ON

JEAN B. PINNEY, MANAGING EDITOR
WILLIAM F. SNOW, EDITORIAL CONSULTANT

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

The JOURNAL OF SOCIAL HYGIENE is supplied to active members of The American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each.

Price \$3.00 per year; 35 cents per copy.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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Title Registered, U. S. Patent Office.

Member, Union Internationale Contre Le Péril Vénérien
4 rue de Sèvres, Paris, France

Journal
of
Social Hygiene

VOLUME XX

1934

PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER
AT ALBANY, NEW YORK, FOR
THE AMERICAN SOCIAL HYGIENE ASSOCIATION
EDITORIAL AND GENERAL OFFICES
50 WEST 50TH STREET, NEW YORK, N. Y.

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Periodical

MR 28 '35

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Journal of Social Hygiene

VOL. XX

JANUARY, 1934

NO. 1

SOCIAL HYGIENE AND THE GENERAL HEALTH PROGRAM *

EDWARD L. KEYES, M.D.

President, American Social Hygiene Association

In the year 1932 a group of interested persons in the City of St. Louis decided to try to learn the actual cost of treating venereal diseases in their city, with the hope that they might call attention to expenditures which could be eliminated through an effectively carried out community program of disease prevention, this to the advantage not only of the city's economic status, but also, and much more important, to the advantage of its social and moral status.

Accordingly, the Committee examined the bookkeeping records of clinics, hospitals, and public institutions. They acquired data from the medical headquarters of the police and the courts. They tallied amounts paid to private physicians by private patients. They added up all items, the cost of which could be measured, and had to omit many for which

* Presented at the Regional Social Hygiene Conference, Indianapolis, Indiana, October 12-14, 1933.

no definite sums could be assigned. In all they found an amount ranging somewhere between two and two and one-half million dollars as the actual sum paid out every year for treatment of the venereal diseases.

This expenditure amounted to a yearly cost to each man, woman, and child in St. Louis of from \$2.45 to \$3.04. The report pictured long lines of ambulatory patients standing before clinic doors, hospital wards filled with sufferers from the late complications of syphilis and gonorrhea, institutions for the blind and semi-sighted peopled in part by those whose vision had been destroyed by the ravages of syphilis. Many inmates in mental institutions were there because of syphilitic infection of the brain and central nervous system. Over 10,000 private patients in the metropolitan area were continually under treatment by individual physicians for either syphilis or gonorrhea. About half of the many and varied charitable agencies caring for the city's distressed and needy stated that venereal diseases were a complicating factor in the problems they had to meet. One large family case-working agency estimated that 14 per cent of the families under their care contained one or more family members with a diagnosed venereal disease, necessitating the expenditure of between \$25,000 and \$50,000 each year from the agency's budget.

Enormous as these sums of money are, they do not begin to show what St. Louis should have spent if every infected person were under treatment, for it was found that for every case in the hands of qualified medical practitioners, an unknown number were self-treated, buying worthless nostrums from drug stores, or were in the hands of quacks. Like all other large cities St. Louis has plenty of advertising specialists with their ballyhoo and pink pills. And many other infected persons are ignorant of their infection, or indifferent and not under treatment at all.

The findings of this study are recited here, first because the story of St. Louis is the usual story of an American city. Indeed the people of St. Louis are perhaps above the average

in their understanding of the principles of public health, and more than usually active in support of its measures. But in some way, somehow, all this expenditure of money and energy has not succeeded in accomplishing its chief objective of reducing to any marked degree the extent of the venereal diseases in the city. Second, the story illustrates how social hygiene, because of its broad objectives, cuts across the whole problem of community health.

Extent of Venereal Diseases Today

What, then, is the incidence of these particular diseases as seen today? Probably an average of 5 per cent of people in the general population have syphilis, and from two to three times as many, gonorrhea. One million persons are continually under treatment for one or both of these diseases, and a million more who have never before been treated, every year seek medical advice from doctors and clinics. The United States Public Health Service has said, "The estimated million persons with syphilis or gonorrhea under medical care day by day make these diseases the most prevalent of the reportable infectious diseases in the country." Fifteen per cent of the blind have syphilis of the eyes, and many more are blind because of gonorrheal ophthalmia neonatorum. Ten per cent of admissions to mental hospitals have some form of syphilis of the central nervous system. Fifteen to 20 per cent of serious heart and blood vessel conditions are caused by syphilis. One of the large insurance companies has just told us that we could live two years longer were it not for heart disease, and syphilitic heart disease strikes most of its victims between 45 and 55 years of age, at the period of greatest economic productivity.

A Present Day Public Health Emergency

Here then is a public health problem of first rank. It should not be placed above any other problem of great importance, but it is reasonable to believe that all phases of public health should be dealt with in relation to their weight in

inations—the physician in private practice, hospitals and clinics, the five great Federal Government medical services with their enormous diagnostic facilities, state departments of health, city and county medical services including their examination of food-handlers, taxi-drivers, barbers, and other special groups, both elementary and advanced school medical services, penal and eleemosynary institutions, insurance companies, industrial medical services, family consultation services, social service agencies, the public health nurse—all these and many more are in a position to look for cases. When infected persons are found it becomes the duty of the authorized and qualified treatment agencies to see to it that they receive modern and approved treatment, and that they continue treatment until cured. The campaign against syphilis has the advantage that it does not have to wait for research, but can proceed immediately to application of known scientific facts.

As to the second point on the four-point program, prevention, again there is a great similarity between the tuberculosis and syphilis programs. Indeed the slogans of one might serve for the other—*Syphilis the Foe of Youth, Syphilis Causes Syphilis, Every Case Comes from Another, From Whom Did You Get It, To Whom Did You Give It?* In both programs the hue and cry is “Find the early case,” and in the case of syphilis it can be emphasized, “Find this case even earlier”; for the infected person’s best chance of cure is when he is treated even before *he is certain of infection*. This is not the impossibility it sounds. Mass education can tell the public the facts about syphilis, to avoid exposure, or to seek preventive treatment if exposed, or adequate treatment if infected or suspicious of infection. The individual himself must cooperate in this very early case-finding. If we persuade the persons who may have been exposed to present themselves voluntarily to qualified medical practitioners for prophylaxis or diagnosis, we can bring these very early cases under control at a period best not only for the individual, but also in time to prevent

point of the general health program. The campaign activities against syphilis may be compared with those against tuberculosis, for both have marked points of likeness, as well as striking differences.

Syphilis and Tuberculosis

First, let us consider what case-finding and treatment mean in these two important fields of public health. Both tuberculosis and syphilis are familial diseases, and they are most successfully attacked when it is realized that intimate familial contact favors their spread. Early diagnosis is as important for progress against syphilis as against tuberculosis. The same principles of epidemiology apply to both diseases—essentially case-finding activities to discover and bring under supervision the sources of infection and the contacts. Prolonged medical care is necessary for both diseases. Both are chronic, and relapsing, and may be infectious for long periods of time. More and better facilities and personnel for diagnosis, treatment and social care are necessary in the prevention of syphilis for the same reasons that they are necessary in the prevention of tuberculosis—because infectious cases may be rendered non-infectious through treatment and may be prevented from becoming public charges through medical and social supervision. Compared with tuberculosis, syphilis has one advantage—if one may call it that. Syphilis has a specific for treatment, tuberculosis has not. Dr. John Stokes has said, “There is no chemotherapy of tuberculosis that can within twenty-four hours, by a single application, as with the syphilologist’s arsphenamines, reduce the condition in the overwhelming proportion of patients to non-infectiousness, and which, by repeated easily available applications, can apparently hold it to a non-infectious latency lasting for years if not for life.”

Think what wonders would happen if the same earnestness could be applied to the search for syphilis as for tuberculosis. One need only mention some of the authorized agencies whose function it is to conduct periodic or occasional health exam-

inations—the physician in private practice, hospitals and clinics, the five great Federal Government medical services with their enormous diagnostic facilities, state departments of health, city and county medical services including their examination of food-handlers, taxi-drivers, barbers, and other special groups, both elementary and advanced school medical services, penal and eleemosynary institutions, insurance companies, industrial medical services, family consultation services, social service agencies, the public health nurse—all these and many more are in a position to look for cases. When infected persons are found it becomes the duty of the authorized and qualified treatment agencies to see to it that they receive modern and approved treatment, and that they continue treatment until cured. The campaign against syphilis has the advantage that it does not have to wait for research, but can proceed immediately to application of known scientific facts.

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the spread of infection. This, of course, assumes that treatment, preventive or otherwise, is easily accessible.

There are other forms of medical prophylaxis. The problem of the prevention of blindness in babies' eyes caused by gonorrheal ophthalmia has no counterpart in the tuberculosis program. Prevention of childhood syphilis corresponds to prevention of childhood tuberculosis, in that similarly, care must be taken to safeguard children from possible carriers, in isolation if necessary. There is a peculiar necessity for seeing to it that a pregnant syphilitic woman is treated, in order that the spirochaetes may be kept from injuring the developing embryo. That this is possible is one of the dramatic advances in the battle against syphilis. Timely treatment, in virtually all cases, ensures the birth of healthy babies from syphilitic women. So important is this aspect of the campaign that the American Medical Association meeting in June, 1933, passed a resolution to the effect that all pregnant women should have blood tests for syphilis, and treatment if needed, in order to prevent the tragedies, such as blindness, which otherwise would inevitably occur.

The third and fourth points on the essential social hygiene program—that is, elimination of environmental hazards, and promotion of understanding of the sex instinct and its control—are more important to the public health program than is ordinarily understood. As malaria has its mosquito swamp, and tuberculosis its bad housing and filthy living conditions, so syphilis has an important source of infection in promiscuous sex relations on the part of both sexes, and what amounts to an organized business of commercialized prostitution for the stimulation and exploitation of sex appetites. However, the obligation of meeting such problems is commonly assumed by agencies, both official and voluntary, other than health agencies, and it is enough to say that every social worker faces them at some time or other, whether he wishes to or not. Every social worker needs to understand the field of social hygiene in its broadest aspects, and how the four-fold program affects all social work activities in the community.

SOCIAL HYGIENE AND THE GENERAL HEALTH AGENCY

Concretely, then, one may outline certain definite activities which, it has already been demonstrated, can be successfully incorporated into the programs of general health agencies.

Fact-finding a First Requirement

First, every community needs to have on record the facts concerning case-finding, treatment, and case-holding activities in the community. If these are not already available a study should be made of facilities for the diagnosis and treatment of syphilis and gonorrhea, bearing in mind the fact that treatment is of first importance in any program for the prevention of these diseases. It is entirely appropriate for a general health agency like a tuberculosis and health society to make such an inquiry. This would cover such points as: How much syphilis and gonorrhea is there in the community, as judged by available data? What proportion of cases is actually under treatment by qualified practitioners? Are present facilities ample to meet the demand, not only for free, but also for part-pay, and paying patients? Are clinic facilities conveniently located, conducted at suitable hours, attractive to patients, with adequate and fully-trained personnel? Do methods of treatment conform to modern standards, as to amount and kind of treatment and drugs used? Are cases held under treatment for sufficient time, both in clinic and in private practice? Are "lapsed" cases returned to treatment? All these and many more questions need to be answered.

In many cities existing facilities have been overwhelmed by the influx of patients who were formerly under private care. This overload has become onerous because of widespread unemployment, and the inadequacy of treatment facilities is now so general as to constitute a national emergency. Special attention should be given to the provision of medical care for transient and homeless men and women, and boys and girls suffering from syphilis or gonorrhea. It is already generally felt that public relief funds can be spent for medical relief. If facilities are found to be inadequate in any community and

the local funds ordinarily used for this purpose are not sufficient, then the general health agency may assist in steps to obtain aid from emergency relief funds for provision of treatment, purchase of drugs, necessary social service for follow-up of active cases, and other essential activities.

Case-finding

The general health agency can exert tremendous influence toward increasing the extent and scope of syphilis and gonorrhea case-finding. Some of the agencies have already been mentioned which are regularly conducting health examinations for one purpose or another. In all such examinations the search for syphilis and gonorrhea should be included as a routine procedure.

The Prevention of Congenital Syphilis

The prevention of congenital syphilis is a comparatively simple matter, yet the fact that prevention can be accomplished is not so generally known that routine measures for the purpose are commonly carried out by individual physicians and clinics. A few years ago a study of prenatal clinics showed that only about half of them made the blood test a part of the routine physical examination of a pregnant woman. It is believed that a much larger proportion of clinics now include this procedure, but how great the improvement amounts to cannot be stated. Many obstetricians in private practice examine for syphilis every pregnant woman in their care, but again no figures are available to show how widespread this practice is. General health agencies by influence and education can do a great deal to see to it that measures against congenital syphilis are continually pressed. The fact that the American Medical Association, the Conference of State and Provincial Health Authorities of North America, and other professional bodies have agreed to the blood test for every pregnant woman as a routine procedure should be a valuable asset in making the practice universally acceptable. Nearly every baby, without question or criticism, has drops

in his eyes immediately after birth to prevent gonococcus eye infection and perhaps blindness; it is entirely reasonable that every baby whether rich or poor has an equal right to be protected against the menace of congenital syphilis.

Quackery

The exploitation by quacks and charlatans of men and women having gonorrhea or syphilis is a serious matter in many communities. Not only do quacks take money from the victims of these diseases without benefiting them, but they obstruct the measures by which the community endeavors to prevent the spread of syphilis and gonorrhea—by giving false ideas about cure, by keeping the patient from scientific medical care at the time when proper treatment will render him non-infectious. There are various things a voluntary society can do to assist the authorities in eliminating unethical and illegal practitioners from their communities. In the first place a quack must advertise to get patients. All newspapers, magazines, cards and booklets distributed on the street should be watched for evidences of the operation of quacks. If these are local practitioners the authorities will know how to go about obtaining the proper evidence for legal procedure. The local and state medical societies will also be vitally interested. If the practitioner is obtaining his "patients" by mail, then evidence brought to the attention of Federal mail authorities will bring quick action. When a case is proved the Federal Post Office Department commonly issues a fraud order, whereupon no more mail is delivered to the quack. In such a case the quack may change his name and commence activities under another name. Eternal vigilance is necessary if these dangerous practices are to be stopped.

Drug Store Counter-prescribing and Self-treatment

Another activity which is dangerous to individuals and to the communities in which they live, is drug store counter-prescribing and self-treatment. Many druggists are honest and sincere in their desire to help the sick who appeal to

them for help. They do not realize the dangers of self-treatment, and the worthlessness of the patent nostrums they are so eager to sell.

A recent case in a local hospital shows what may so easily happen: Tim McCarty was picked up unconscious on the job one afternoon and brought to the city hospital. Energetic treatment for the uremic poisoning which had caused his coma temporarily aroused him, and gradually his story came to the knowledge of the staff, though it was too late to save his life. For years Tim had been having urinary difficulties in spite of many blue pills he had purchased from drug stores, and tests showed his kidney function at present to be nearly worthless. Yet he was only forty-two and had been until recently a strong man. Tim said he had "clap" at twenty-five, at least that was what the neighborhood druggist said it was. The druggist advised him to take capsules by mouth, and his discomfort subsided. A discharge persisted for some time, especially after a spree, but a wash prescribed by a druggist in another town apparently cleared that up. Yet this neglected gonorrhea had caused a stricture that was impassable, and the backward pressure upward in the urinary system had in the course of time so damaged the kidneys that they failed in their function and killed Tim while he was a comparatively young man.

Two things would have prevented this tragedy: First, refusal of the druggists to sell remedies coupled with advice to this young man that he should see a qualified physician; and, second, knowledge on the man's part of the seriousness of his infection and the will to seek proper medical aid. General health agencies can cooperate with pharmaceutical associations to abolish counter-prescribing for syphilis and gonorrhea, and educate druggists to better understanding of their responsibility and obligation to individuals and the community in regard to these dangerous communicable diseases. The general health agency can also reach the infected individual and the person who might become infected by well-adapted and well-directed health education propaganda.

Mass Education

IN mass education of the public in regard to the facts concerning syphilis and gonorrhea, the general health agency probably has its most practical opportunity for successfully pushing a social hygiene program. Resources in this direction have scarcely been tapped, and relatively little has been done; but demonstrations in large and medium-size cities have already shown that social hygiene education campaigns are not only feasible but may be expected to bring forth tangible results in terms of more patients presenting themselves for diagnosis and treatment, and improved attention to treatment by those already under medical supervision. The written and the spoken word, and now the talking motion picture can be utilized alone or in combination to bring about this cooperation on the part of infected individuals in administration of the public health program. When one thinks how little could be done twenty or even ten years ago on account of reticence concerning the venereal diseases, prohibitions by newspapers and magazines, taboos in polite conversation, as compared with present possibilities, one grows very enthusiastic. Even the radio stations, by and large, now have no objection to talks mentioning the words "syphilis" and "gonorrhea," and when such talks have been given no objections have been raised by radio listeners.

Again may I say, only by appeal to the infected individual can the early case be brought under treatment, and this can be done only when such a person appreciates the risks of exposure, the possibility of medical prophylaxis, and the necessity for early, adequate treatment in order in most cases to obtain a successful cure or "arrest" of his disease.

A number of state and local tuberculosis and health associations have included certain social hygiene activities in their programs. Experience thus far leads us to believe that this merger of objectives is advantageous to both movements involved. It helps the tuberculosis organization to establish new lines of contact that will prove of value and work for

good will in the community, which will be of service in the seal sale and at other times. Where local social hygiene organizations exist, they are urged to cooperate actively with tuberculosis groups. Unification of public health activities is in harmony with the trend of welfare work in the United States, and is favored generally by contributors, the health authorities, and the medical profession. Organization of social hygiene committees in tuberculosis and health associations and inclusion of selected program activities in the social hygiene field are looked upon with approval by the National Tuberculosis Association.

There are today in the United States over 1,100 separately organized tuberculosis associations. In all these communities, the tuberculosis groups as general health agencies should participate in what Dr. Thomas A. Parran calls "the next great opportunity in public health work." They would thereby help to meet a great emergency in the life and health of the nation.

"Think of syphilis as the wages of sin, as well-earned disgrace, as filth, as the badge of immorality, as a necessary defense against the loathsomeness of promiscuity, as a fearful warning against prostitution,—and our advantage slips from us. The disease continues to spread wholesale disaster and degeneration while we wrangle over issues that were old when history began and are progressing with desperate slowness to a solution probably many centuries distant. Think of syphilis as a medical and sanitary problem and its last line of defense crumbles before our attack. It can and should be blotted out."

JOHN H. STOKES, M.D.

THE TWENTIETH YEAR

A SUMMARY OF ACTIVITIES OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION DURING THE YEAR 1933

JEAN B. PINNEY

In Charge of Public Information and Extension

The month of March, 1934, will witness the twentieth anniversary of the filing of articles of incorporation by the American Social Hygiene Association. Activities began, however, some months previous to this date. Offices were established at 105 West 40th Street early in 1913, and in December of that year Dr. William F. Snow obtained leave from the faculty of Stanford University and came east to become the General Director of the organization. Therefore, the end of 1933 will see more than twenty years of effort by the Association as the national voluntary organization in the field of social hygiene.

A graph of the course of progress during these two decades would show many ups and downs, many crises and emergencies, many signal successes, and some deep disappointments, but in the long view a steady forward advance toward the objectives adopted by the founders. And in all the twenty years, no twelve-month period has been more significant in the Association's history than 1933. In the fourth year of the general financial depression, social hygiene—in spite of its broad health and social implications considered by many a "special interest" program—has been tested to the utmost as to necessity, practicality of procedure and ability to gain public support both for its principles and its finances. At the beginning of the year the Executive Committee prudently adopted a program calling for a minimum expenditure on a flexible basis to be governed by demands from the states and communities, recognizing that activities might have to be limited still further if funds were not available. The fact that it has been possible to come through the year without further

reduction of program, with, indeed, some unexpected expansions in certain directions, and that the Finance Committee has been able to secure sufficient funds to make this possible, should prove beyond doubt the status of social hygiene and the Association in public understanding. While there has been unavoidably a decrease in the abilities of state and community agencies to share in financing the expense of field work, and while a certain proportion of individual members and contributors because of reduced incomes has been obliged to decrease or postpone contributions, a surprising number both of agencies and individuals have cooperated as usual in balancing the budget.

Clouding this hopeful aspect is the fact that social hygiene conditions among the states and communities have required far more attention than the Association or agencies on the ground have been able to give. Public treatment facilities for the indigent and unemployed continue in increasing measure to be inadequate to meet the additional demands brought about by the inability of individuals to pay private doctors. Some communities have reported an apparent rise in syphilis and gonorrhea due to the presence of untreated infectious cases among the population. Loss of public funds in many cases has caused the closing of doors by city and state subsidized clinics. A nation-wide study of commercialized prostitution indicates a distinctly unfavorable trend in volume and accessibility. Other social hygiene conditions continue to be aggravated by the long drawn out unemployment emergency. But here again an encouraging note is sounded in the widening interest of general health agencies and the actual adoption of practical social hygiene programs by some of these organizations.* Also in some communities menaced by a prospect of the return of the red-light district and tolerated commercialized prostitution, intelligent citizens are rallying to combat this evil.

To sum up the year's results, we may say that activities have been mainly concerned with the medical and public

* See *Social Hygiene and the General Health Program*—Edward L. Keyes. pp. 1-13.

health aspects of social hygiene, including health education, and with efforts in the field of legal and protective measures; that progress has been made in both these phases of activity; that the growing demand for leadership in the field of family counseling and marriage advice has required attention, with a resulting clarification of principles and an advance in practical knowledge and experience; that the demand for public information proves the necessity of continuing activities in this direction; that it seems likely, as pointed out in Dr. Snow's statement, *The Outlook for 1934*, in this issue of the Journal, that these trends will continue and that such staff as the Association's Executive and Finance committees find it possible to maintain will be assigned to the development of activities in these fields during the coming year.

PROJECTS OF SPECIAL INTEREST

Among the year's activities certain projects are particularly noteworthy:

An Experiment in Mass Education

Because it has absorbed so much of staff time and energy, and because of its importance as a pioneering experiment in mass education, the Association's sponsorship of the talking picture *Damaged Lives* deserves a prominent place. This film, dealing with syphilis in family life, was produced by the Weldon Pictures Corporation early in the year. The Canadian Social Hygiene Council and the Association advised and cooperated from the beginning and Dr. Gordon Bates, the Director General of the Canadian Council, served as technical director during the actual screening of the film. The completed product being considered satisfactory, and likely to be of assistance in informing the public regarding syphilis, the Association agreed to prepare a scientific film talk to accompany the drama in the United States. Members of the staff, under the supervision of a special committee, accomplished this, entitling the talk, *Science and Modern Medicine*. A special series of pamphlets, *Health for Man and Boy*, *Women and Their Health*, and *Marriage and Parenthood* were written by Dr. Snow for distribution with the films. As has been stated in the Journal and elsewhere, great care and thought were observed in securing advance opinions as to the value of these films. Several

HEALTH FOR MAN AND BOY
by
William F. Snow, M.D.

L
Special Series

THE AMERICAN SOCIAL HYGIENE ASSOCIATION
488 Seventh Avenue New York, N. Y.
Publication No. 8311 Price Six Cents.

WOMEN AND THEIR HEALTH

by
William F. Sewer, M.D.

II
Special Series

THE AMERICAN SOCIAL HYGIENE ASSOCIATION
455 Seventh Avenue New York, N. Y.

Publication No. 22 cloth 30c 32mo

MARRIAGE AND PARENTHOOD

By
William F. Sewer, M.D.

III.
Special Series

THE AMERICAN SOCIAL HYGIENE ASSOCIATION
455 Seventh Avenue New York, N. Y.
Published by the ASH Price Per Book

**A THREE POINT PROGRAM
IN HEALTH EDUCATION**

*Some Points on the Use of the Drama Film, "DANGER
LIFE!" for Education of the Public Regarding Syphilis
Family Life, the Sources for the Acquired-Syphilis
Transmitted from Father, "SCIENCE AND MOD-
ERN MEDICINE" and Outline of the
 pamphlets Prepared for Distribution
and Their Film.*

THE AMERICAN SOCIAL HYGIENE ASSOCIATION
465 Seventh Avenue New York, N. Y.
Illustration 19-10

[illegible]

THE youngsters in this envelope have been especially prepared for those who have seen the motion picture:

DAMAGED LIVES

For further information write to:

THE AMERICAN SOCIAL HYGIENE ASSOCIATION
450 Seventh Avenue N. Y. N. Y.

[illegible]

FOR
YOUR
HOME
LIBRARY

*Publications
for
Parents*



December No. 68

Pamphlets and folder prepared for distribution to *Damaged Lives* audiences, and to professional groups.

favorable, and the drama was pronounced in good taste, non-sensational and scientifically accurate, probably the best of its kind to date. In view of this the Association's Executive Committee believes that it deserves the most thorough trial as a medium of mass education, and the results so far achieved, as indicated by the increase in patients—particularly lapsed cases—coming to both private physicians and clinics in cities where the film has been shown, seem to justify the practical value of the project. Comments from the movie-going public also show that the average man and woman, far from being shocked or upset at public presentations of such a theme, is interested, reassured, and instructed, and the United States experience in this respect is borne out in Canada and England where the film has also been extensively shown. While the obstacles in conducting such an educational project are many—due to reluctance on the part of city and state censors to approve showings of a film, however good, dealing with a theme which has so frequently been sensationally exploited on the screen, and the difficulties inherent in maintaining standards of advertising and distribution which will satisfy the Association as sponsor and yet enable the producer to compete with other commercially shown films,—the experiment, we believe, is worth the effort. A booklet, *A Three Point Program in Health Education*, describing the project and giving the text of the film talk, has been published to assist in informing persons and groups who want to know "how and why" the plan was worked out.

Other Popular Health Instruction Projects

It was found possible during 1933 to add two items to the list of demonstrations in social hygiene education in which the Association has cooperated. One of these was the Social Hygiene Educational Campaign conducted in the city of Reading, Pennsylvania, during the period December 1st to March 1st, under joint auspices with the Reading Welfare Association, the city and county medical societies and other local and state agencies. This demonstration, fully reported upon in the November issue of the JOURNAL OF SOCIAL HYGIENE,* was of special interest because it was carried on in a population of medium size and homogeneous character, and because it became the starting point of a permanent community program. A second campaign of six weeks duration conducted among the Negro population of New Orleans with the cooperation of the Flint Good-

* *Social Hygiene Education in a City of Medium Size*, Jean B. Pinney.

ridge Hospital of Dillard University, the New Orleans Social Hygiene Association, and the United States Public Health Service, also was of interest as concerning a particular segment of the community population. The data and experience secured from both these campaigns, with the previous experience in the Bellevue-Yorkville District of New York City, representing a metropolitan area, are expected to be of great value to other communities desiring to undertake similar programs. The cooperation of the Rosenwald Fund and that of the local agencies has been greatly appreciated in these campaigns.

Institutes for Negro Physicians

Another project deserving mention has been that for the provision of a series of practical lectures and demonstrations in the modern diagnosis and treatment and after-care of syphilis in general practice for Negro physicians in the South. This project, carried on during the fall, in the cities of Savannah, Georgia, Charleston, South Carolina and Jacksonville, Florida, under the direction of an Association staff member with the assistance of local committees and groups of physicians, has met with warm appreciation. It is planned to continue the institutes in 1934, and a special report on procedure and results will be published in the near future. As a basis for deciding the content of these training courses studies were made among Negro physicians in the Harlem District of New York City and other areas. A study of the attitudes of 300 Negro patients attending syphilis clinics in the Harlem District was also of value in this respect. (See JOURNAL OF SOCIAL HYGIENE, March, 1933.)

Fact-finding, as a Basis for Program

As would be expected from the general trend of program toward medical and public health activities, and legal and protective measures, studies and research have mostly lain in these fields during this year. Of especial interest has been the inauguration of research on the gonococcus and gonococcal infections through a Committee appointed by the Division of Medical Sciences of the National Research Council and the Association. The Committee has already begun to analyze and collate the available facts regarding these infections as indicated by the reports of recent and current investigations. A survey of literature is expected to provide a basis for a report which will stimulate interest and furnish a point of departure

for further study. Dr. Stanhope Bayne-Jones serves as chairman of the Committee which comprises as members Dr. Edward L. Keyes, Dr. Walter Clarke and Dr. Francis Blake.

A health survey of the State of New Mexico was conducted, during November and December, with the cooperation of the New Mexico Bureau of Public Health, the National and State Tuberculosis Associations, the United States Public Health Service, and the American Public Health Association. It is expected that this survey, which emphasized tuberculosis, syphilis and conditions of nutrition, will lead to close cooperation and perhaps a union between the New Mexico Social Hygiene Association and the State Tuberculosis Association, as well as providing facts upon which the state health authorities may appeal for greater public support for prevention and care of syphilis.

Other medical studies have included: A study of the medical aspects of social hygiene in Delaware County, Pennsylvania,* and studies of facilities and procedure at syphilis clinics at Harlem Hospital, the Hospital for Joint Diseases, the New York Dispensary (all in New York City), and the Newark, New Jersey, Health Department Clinic. A continuous study of quackery, "drugstore treatment" and harmful advertisements has been conducted through the year. Many investigations have been made of quacks and advertising specialists, the cases being reported to the proper state authorities, and in a number of instances through the evidence supplied the law has been successful in curbing activities of these individuals.

Studies and surveys in legal and protective measures have included investigations of commercialized prostitution conditions in 13 cities and in as many states, to complete the nation-wide survey begun in 1932. This national study was summarized in a general report appearing in the December JOURNAL OF SOCIAL HYGIENE and compared conditions found with those ascertained in a similar study in 1927-28. In addition to the national survey, investigations were conducted in 43 cities in the State of Rhode Island in cooperation with the State Commission of Public Health. The information thus obtained was used by the Health Commissioner, in cooperation with state and local police, in closing places of prostitution as foci of infections of venereal diseases.† Three special investigations were made

* See JOURNAL OF SOCIAL HYGIENE, October, 1933.

† See JOURNAL OF SOCIAL HYGIENE, December, 1933, article by Dr. J. Edwards Kerney, *How a Health Officer Can Cooperate in the Repression of Prostitution*, describing procedure used.

in New York State and the general study of prostitution conditions in New York City was continued.

Two studies were conducted in Chicago at the request of Chicago social agencies, covering conditions at the Century of Progress Exposition as well as in the city of Chicago itself. These studies were followed up by conference with the officials of the city and of the Century of Progress by a staff member of the Association calling attention to these conditions and suggesting measures for improving them. A leaflet entitled *Will History Repeat Itself?* describing the experience of the San Francisco Exposition was given wide distribution in this connection. It should be said that while the conditions at the Chicago Exposition were not satisfactory and grew steadily worse in some respects, those in the city itself remained on the whole better than conditions existing in San Francisco during the previous exposition. A further discussion of this situation is contained in the December JOURNAL OF SOCIAL HYGIENE in an article entitled *Taxi Dance Halls* by Jessie F. Binford, secretary of the Chicago Juvenile Protective Association.

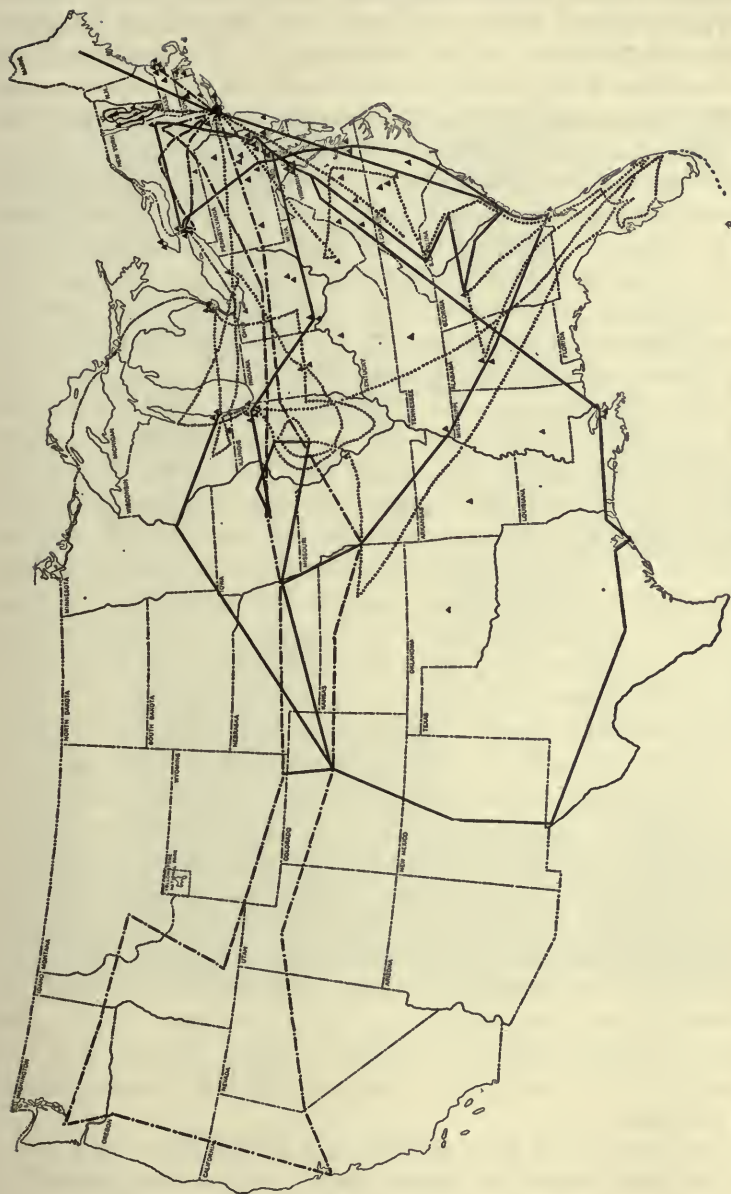
Another timely study was that combining public health and protective measures as they affect migrant boys. Letters were forwarded to chiefs of police in cities of 100,000 or more population, as well as to state police, asking what cooperation was being given to health departments to assist these youths in securing health examinations and treatment for syphilis and gonorrhea. The responses received, which were far from reassuring, were used in part as the basis for a meeting at the National Conference of Social Work in June on the subject *Health of the Transient* and later to assist the Committee on Medical Services of the National Committee on Transients and the Homeless in drawing up standards for protecting the floating population and the communities through which they drift.

Under the direction of a special committee and in cooperation with Columbia University, family counseling studies have continued. One of the outgrowths of the year's work will be a conference in July, 1934, under the joint auspices of Teachers College, Columbia University, the American Home Economics Association and the American Social Hygiene Association. The whole problem of family counseling in its bearings on education for marriage and family social relations will come under review at that time. During the present year further information has been gathered upon existing agencies at work in this field but the report in the 1932 review still fairly represents conditions as they now exist.

Community Organization

While the difficulty of maintaining organizations already in existence naturally hampers the establishment of new social hygiene groups to some extent, there is a steady encouraging growth among the states and communities in recognition of the value of social hygiene activities. Several new state and community committees have been organized during 1933* and progress has been made in other areas towards eventual establishment of programs. The February JOURNAL OF SOCIAL HYGIENE will contain information as to the status of work in the different localities. From the national viewpoint there have been satisfying results from such assistance as the Association has been able to contribute towards developing state and community work. In the East it has been gratifying to see the steady progress made in New York City and Upstate New York, in the social hygiene activities carried on under the respective tuberculosis and health agencies in these areas. The Association has cooperated steadily with these groups, providing materials and personnel for consultation, advice and field work. In New England the Massachusetts Society for Social Hygiene continues to function effectively and in Vermont the newly formed Vermont Social Hygiene Council has been strengthened by a two-months' series of talks and lectures by an Association staff member under the auspices of the Council and the Home Demonstration Department of the State University Extension Division. Progress toward organization is being made in Maine through the Maine Public Health Association and the State Department of Health. In Pennsylvania a state social hygiene committee has been organized under the auspices of the State Conference of Public Welfare. The Reading Social Hygiene Committee, established following the popular health instruction campaign elsewhere described, is functioning actively. The Erie Social Hygiene Association and the Luzerne County Social Hygiene Society continue to be active and in Pittsburgh, Harrisburg and Philadelphia various interested groups, including the Tuberculosis and Health Associations, are considering what may be done. In the Southern states the Birmingham Council of Social Hygiene has been reorganized and is planning an institute during February. The Georgia

* Local groups were organized in Yonkers, N. Y., Grand Rapids, Michigan, Harrisburg and Reading, Pennsylvania, and a State Committee was set up as a part of the Pennsylvania Conference on Social Welfare.



FIELD WORK IN 1933

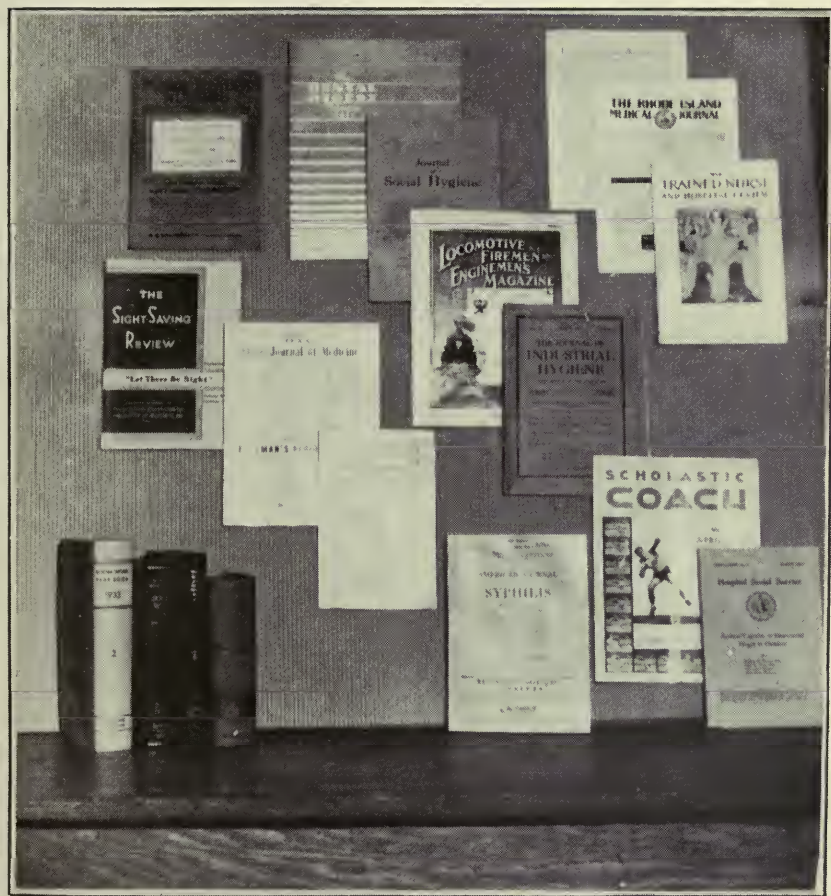
The lines show the itineraries of three extensive journeys of individual staff members during the year, while the black dots indicate additional community visits by other staff members. States not included in 1933 were visited in 1932.

Social Hygiene Council has strengthened its activities. The Florida Social Hygiene Council with the cooperation of the Florida Congress of Parents and Teachers and the assistance of an Association staff member conducted a state-wide program November 15th to December 15th. The New Orleans Social Hygiene Association continues to hold its own as an active community agency.

Special attention and assistance have been given to the Middle West states. During the first four months of the year the Association continued to make a member of the staff available as Executive Secretary for the Missouri Social Hygiene Association as a means of testing methods of fund raising and organization to meet present conditions. Failure of the community drive for funds, and subsequent restriction of the local program, necessitated the termination of this project. In Michigan the Detroit Social Hygiene Committee formerly under the Detroit and Wayne County Tuberculosis and Health Association was reorganized as the Detroit Social Hygiene Conference and a program of education and family counseling activities is being conducted with a member of the Association's staff as executive. In Indiana several staff members have conferred at length with existing agencies, notably the Indiana Tuberculosis Association, with a view to planning a state-wide program. A committee has been appointed by that group to study the situation. In Illinois the Bureau of Child Hygiene under the State Department of Public Welfare has fostered two programs, for a member of the Association's staff—one of two weeks in the spring and one of a month in the fall. Much interest was aroused and it is believed that this effort will eventually result in the organization of a strong state-wide group. A staff member undertook during the spring a field trip which covered the states of Iowa, Nebraska, Wyoming, Idaho, Montana, Nevada, Washington, Oregon, California, Utah, Colorado and Kansas. In this wide swing 28 communities were visited and important officials and health and social workers conferred with. Other staff members have visited Texas, New Mexico and other far west states. An encouraging development has taken place in South Dakota where the State Parent-Teacher Association is about to institute an active social hygiene program.

While the pressure of other projects and limitations of staff have prevented to some extent the desired results in this work, generally speaking it is considered that satisfactory progress is being made.

PLATE I



THE ASSOCIATION'S STAFF AS AUTHORS

A selection from the numerous books, magazines and periodicals in which articles by staff members have appeared in 1933.

PLATE II



MEDICAL STUDIES

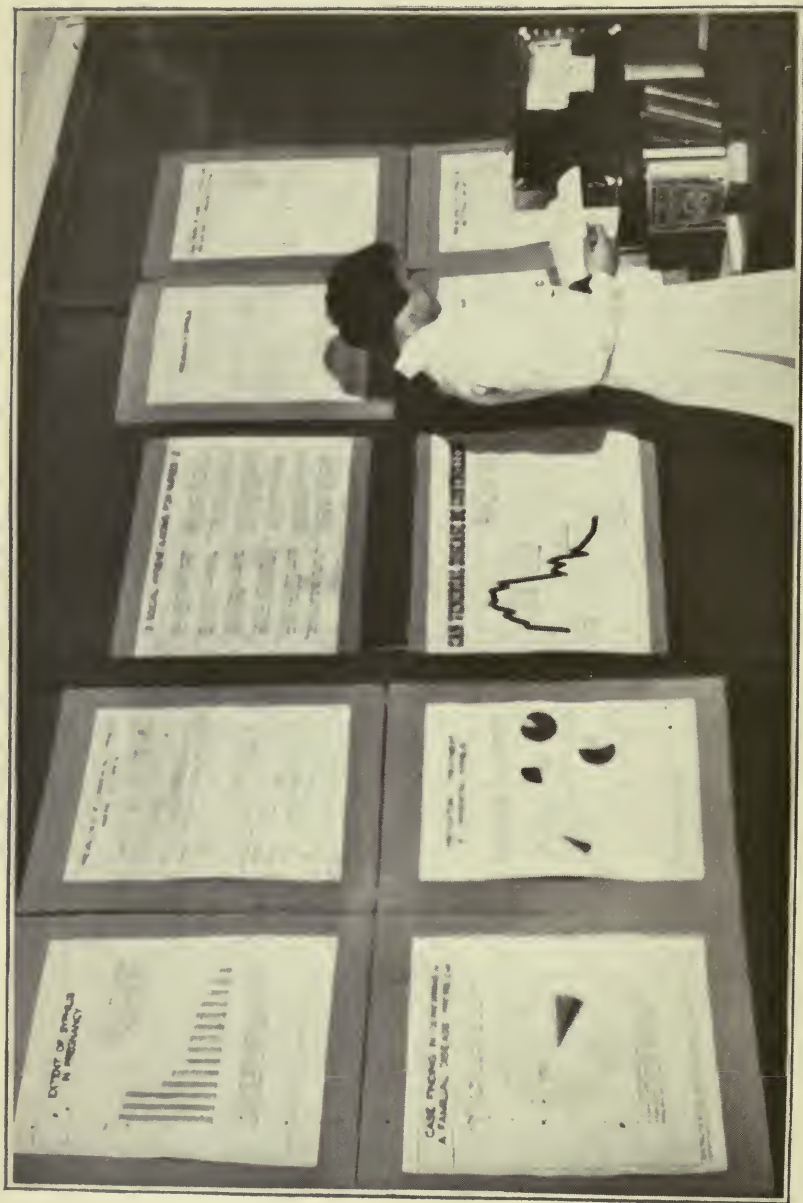
Some of the Spanish Americans who attended the twenty-one diagnostic clinics held in Mora County, New Mexico (see page 20), and one of the village school houses in which the clinics were held.



MASS EDUCATION THROUGH MOTION PICTURES

One of the daily crowds which waited outside the Majestic Theatre in Boston to see the motion picture *Damaged Lives*.

PLATE IV



A PUBLIC HEALTH NURSE LOOKS AT SOCIAL HYGIENE

The material displayed is the popular exhibit *Social Hygiene for the Nurse*, with one of the Association's package libraries.

Conventions and Conferences

As an aid in awakening community interest and providing practical advice, the regional conferences and other meetings in which the Association has participated continue to be valuable. As previously, the annual conventions of other national associations have been utilized during 1933 as occasions for holding social hygiene meetings. Thus, in addition to participating in the annual meeting of the American Public Health Association in Indianapolis in October and the conduct of a special exhibit at that time, a three-day regional conference sponsored by sixteen state and local agencies was held just following the larger meeting. At Detroit a series of special meetings were held in cooperation with the Detroit Social Hygiene Conference during the National Conference of Social Work in June. The Milwaukee Social Hygiene Committee set up several special meetings during the American Medical Association convention and the American Home Economics Association meeting in that city in June, our staff members being utilized as speakers. The Association's annual meeting was held as usual during the latter part of January and a most interesting event was the regional conference sponsored by New York state and city agencies and held just previous.

State conferences of social work have provided opportunities for the staff to meet and confer with local groups. Staff members have participated in conferences during 1933 in Pennsylvania, Vermont, Indiana, New York, New Jersey, Ohio, Missouri, Wyoming. A staff member attended the important conferences of social work and community chest executives held at Blue Ridge, North Carolina, and Lake Geneva, Wisconsin, during the summer. Numerous institutes have been held in the course of various staff field trips.

Annual meetings of the state medical societies have provided another point of contact. Meetings in Iowa, Illinois, Nebraska, Rhode Island, Massachusetts, and New Jersey have been attended during the year and in most cases one of the Association's exhibits has been demonstrated.

Cooperation with the Medical Profession and Health Officers

The Association has continued to act as a clearing house of information for doctors and health officers regarding technical aspects in the social hygiene medical field. In addition to cooperation with the national and many state medical societies, the Conference of State and Provincial Health Authorities and the American Public Health

Association, staff members have attended numerous other meetings and provided talks and addresses for medical groups. Medical exhibits have included *A Modern Conception of Gonorrhea* which, shown at the meeting of the American Medical Association in Milwaukee in June, and awarded a Special Certificate of Merit, marked the ninth year of the Association's participation in the Scientific Section of Exhibits. The technical exhibits on congenital syphilis, quackery and drug store treatment have been kept in circulation. An exhibit was provided for the American Hospital Association and a staff member assigned to demonstrate this exhibit at the annual meeting in September. Numerous conferences have been held with state and city health officials in the course of field trips.

Attention has been given to ascertaining what training is given in medical schools regarding diagnosis and treatment of syphilis. A report of the results of this inquiry has been prepared and published in the American Journal of Syphilis, and a summary will be printed in the JOURNAL OF SOCIAL HYGIENE in the near future.

With the Nursing Profession

Due to the economic situation throughout the country it was thought wise to suspend active work on the cooperative project between the National Organization for Public Health Nursing and the Association, for the time being, though some efforts in this respects were continued through the months of January, February, and part of March. Much has been accomplished however, aside from the activities formerly conducted in the field through this project. Institutes for nurses have been held in Colorado with the State Nurses' Association, with the Philadelphia Visiting Nurse Association, and under the auspices of the Bergen County Council of Social Agencies in New Jersey. Institutes for Negro Nurses have been held in Birmingham, at Hampton Institute, and at the Medical College of Virginia and the Freedman's Hospital Nursing Training School, Washington, D. C. A course of lectures was given for nurses at the Long Island College Hospital School of Nursing in Brooklyn. A series of articles on the various aspects of social hygiene and public health nursing, by Miss Gladys L. Crain, was published in *Public Health Nursing*, and afterwards reprinted as a handbook collection by the Massachusetts Department of Public Health, together with an article by Dr. N. A. Nelson entitled *The Nurse in the Control of Gonorrhea and Syphilis,—as the Health Officer Sees Her*. A new exhibit *Social Hygiene and the Nurse* was prepared.

In the field of education for student nurses, the study under the joint auspices of the National League for Nursing Education and the Association was completed, and a publication of the report is now being considered. It is believed that this study will prove valuable to schools of nursing education in formulating their programs with respect to social hygiene content, and requests already received seem to bear out this opinion.

Social Hygiene in Industry

The industrial program has been strengthened by personal visits to leading industries in the country, for the purpose of discussing what may be done with regard to syphilis as an industrial hazard and where possible promoting the better handling of employees suffering from this disease. The industries through their medical directors and managers have been most responsive. Among the groups visited and conferred with were the General Electric Company, the Ludlow-Georgia Bagging Company, the Hercules Powder Company of Wilmington, the Union Carbide Company of Cleveland, the Norton Company of Worcester, Massachusetts, and other important groups. A special letter was sent to 59 industrial companies asking for their cooperation in a study of prevailing policies and practices in regard to syphilis as a health risk.

A series of eight articles prepared for the *Magazine of the Brotherhood of Locomotive Engineers and Firemen*, has provided direct contact with this group of industrial workers.

Legislation in 1933

Forty-four legislatures in as many states met during the past year and a total of 365 bills bearing in one way or another on social hygiene were introduced. Of this number 110 went through to final passage and became law. A review of this legislation appeared in the December JOURNAL OF SOCIAL HYGIENE. In addition to collecting this information the Association reviewed and digested the more important laws which have been passed to date in this country relating to social hygiene. These data are filed in the Association's records as reference information, which it is hoped later to make available in published form to be used in answering the many inquiries concerning legal topics.

The Association has also been active in promoting plans for consideration by the Federal Congress of the proposed new Pure Food

and Drug Act, the bill for which was introduced by Senator Royal S. Copeland, and is now before the Senate Committee on Commerce. This bill is discussed in detail by Dr. F. J. Cullen of the Department of Agriculture in the December JOURNAL OF SOCIAL HYGIENE. If passed it will assist to a great extent in preventing the advertisements by quacks of fraudulent remedies and devices for the treatment of syphilis and gonorrhea and other sexual disorders.

Family Relations Activities

As indicated in the program and budget report for 1933, published in the January, 1933 JOURNAL OF SOCIAL HYGIENE, the family is the most important social institution through which we may hope to see permanent gains brought about in the field of applied social hygiene education and family social relationships. While the work of the year bearing on this part of the program has followed the general program outline comprising (1) educational correspondence, (2) consultation and lecture service, (3) preparation of programs, addresses, and special articles, and (4) family counseling studies—all these activities have been directed toward two main objectives—first, the encouragement of university and school authorities and other organized agencies to continue work instituted and tested with our assistance, with selected members of their own staffs and without further aid from the Association; second, the encouragement of educational, church, and other institutions to study their respective opportunities and responsibilities in promoting family social relationships and character-training for success in marriage, parenthood and home-making.

In addition to the activities listed below, certain others should be mentioned as being particularly important in their bearing on plans for 1934. The experimental study of essential safeguards for any practical methods of handling certain types of family problems by means of letters and printed material, has occupied some time and shown the need for further examination and testing. The collection of data regarding planned and operating family counseling projects has been continued and shows progress, even in this difficult year of national emergency. It was probably to be expected that some of the pioneer agencies in this field would stress educational work with young people planning marriage, or being married, planning to get the most out of marriage and parenthood for themselves and society, while other agencies would devote themselves largely to individuals

and family groups who have already encountered serious difficulties in their relationships. Both these types of service are needed. As stated a year ago, it is desirable to continue the development in communities of screening processes analogous in purpose to the processes in school and college health services whereby the most important and urgent cases may be selected for experienced professional individual advice and treatment. It is also desirable, however, to provide, through educational counseling, directed reading, group discussion and other means, for those not involved in any serious situations, but needing advice and orientation.

The limitations of personnel, travel and office expense during the year have precluded much of the field work it had been hoped to accomplish in the development of unit courses and subject matter for instruction in education for family life to be incorporated in established courses in colleges and high schools, and in home study courses offered by University Extension Divisions. Of course nothing has been possible in the direction of experimental or demonstration consulting centers directly under the auspices of the Association, because funds have not been available.

Educational Work and Leader-Training

The year has brought an increased demand from students writing theses on sex education, and from school teachers and officials who wish to undertake programs of instruction in their courses or school systems. Also, there has been a marked increase in the number, variety and geographical distribution of requests from educators and administrators for materials and plans of procedure for introducing education for marriage and family relationships.

Another large and encouraging group of correspondence has centered about plans of various agencies for lecture series, institutes, program papers and lectures on family relationships and character-training influences. Such correspondence has come from permanent and influential organizations—the parent-teacher associations, church and other religious organizations, social work agencies, fraternal groups, and societies dealing with delinquency, crime prevention and other community problems.

Especially noteworthy are the requests for talks and discussion conferences by groups of teachers. This demand, coupled with requests for materials and with news each week of added projects in new schools, indicates an increased activity in sex education through

schools; often apparently stimulated by unfavorable community conditions resulting from the effects of the depression and the preoccupation of the public with the national emergency.

Consultation services have stimulated many individuals to participate in active programs, including state social workers, teachers, heads of social agencies, superintendents of schools, parent-teacher chairmen, county health education supervisors, supervising nurses, parent-education leaders, and many others. In the course of this year as in the past much time has been given to advising and training special workers in the field of social hygiene. As an example five persons representing widely different fields of activities may be cited as having spent a good part of the past year in working in the office of the Association or under direction of its staff: (1) a field secretary of a state tuberculosis society, assigned to social hygiene work under that organization; (2) a representative of the National Woman's Christian Temperance Union assigned to this field of work in Japan; (3) a member of the faculty of a private school for girls who has been assigned to development of a comprehensive course of instruction on this subject properly related to the entire school program; (4) a woman representative of a State Board of Health, venereal disease division; (5) a physician chosen to head the venereal disease section of a State Bureau of Venereal Diseases. Such opportunities to participate in the practical training of new personnel charged with social hygiene education are important and seem to justify the amount of time and effort, but, of course, limit the volume of effort in other directions.

Quite as important as the personal instruction given to these selected persons are the different materials provided for use by special groups. Examples of these are: a syllabus on physical and health education for integration in seventh and ninth grade curricula provided for the Florida State Board of Education; outlines for talks to freshmen at the University of Utah; a social hygiene section for a course on social pathology at the College of the City of New York; and cooperation with the Federal Council of Churches in preparing a course for young married people. There has been an increasing number of calls for criticism of materials prepared with the hope of publication. The authors include members of state boards of health, home economics supervisors, workers with boys, educators, ministers and teachers. The material includes articles, outlines, pamphlets and books. The critical opinion provided by

Association staff members assists in preventing duplication, inaccuracies and unserviceable materials.

A Project With the Libraries

Much progress has been made during 1933 in interesting and assisting public and special libraries to secure and make social hygiene materials available to their clients. Following up the special survey of social hygiene literature made in 1932 in New York City,* approximately 500 libraries were asked to check their own social hygiene collections with a list compiled at that time. A most satisfactory response was received and the results of the second survey were summarized in an article printed in the June JOURNAL. This article, with a classified selection of book reviews and some recommendations for social hygiene library collections made up a special number which, we are told, has proved exceedingly useful both to libraries and health agencies. An interesting indication of the desire of libraries for social hygiene literature was shown in the eager response to the Association's offer to provide a limited number of package libraries (see illustration Plate IV) on a long time loan basis. Requests for these came in so rapidly that a waiting list was soon existing. Further evidence of library interest was shown during the annual meeting of the American Library Association, when requests for information concerning social hygiene literature comprised 65 per cent of all requests received at the booth of the National Health Library. The Association staff member attending this meeting for part of the time had opportunity to talk with a number of librarians. An effort has been made to assist public libraries to utilize the showings of *Damaged Lives* as an opportunity for special exhibits and calling attention to their collection of social hygiene publications. In cities where the film has been shown an increase in interest in these publications has been noted in libraries.

Social Hygiene and the New Deal

Social hygiene has much at stake in the national readjustment growing out of President Roosevelt's recovery program. Although formulation of definite plans must await further development, attention has already been given to certain points. For example, social hygiene conditions in connection with the Citizens' Conservation Corps camps have been discussed both with the Federal representa-

* *An Amateur's Quest for Social Hygiene Books*, JOURNAL OF SOCIAL HYGIENE, June, 1932.

tives having this program in charge and the officers in direct supervision of the camps. Suggestions have been made towards safeguarding the health of the Corps in respect to syphilis and gonorrhea and protecting the communities in which camps exist, and towards the provision of wholesome recreation for the men themselves and the opportunity to make this period in their lives count for physical and educational improvement. It is gratifying that the government has now adopted an educational program for these camps.

Another moot question in social hygiene concerning health officials and workers throughout the country is whether Finance Reconstruction Corporation funds allotted to state groups, can be used for the provision of drugs for treatment of syphilis and gonorrhea among indigents. Many conferences have been held in various sections of the country in regard to this important and badly needed service. Another important item is the relation of prohibition repeal to commercialized prostitution. Correspondence has been conducted with state liquor boards with a view to securing the inclusion of stipulations in new state liquor regulations that licensees will lose their licenses if found catering to prostitution. The plan for leisure-time activities now made possible by reduction of the weekly working hours concerns social hygiene deeply. Staff members have participated in the conferences of interested groups held in New York City by the Committee on Leisure-time Activities of which Mr. Raymond B. Fosdick is chairman.

There are many other implications in the "new deal" as it relates to medical, legal, and protective measures as all of these aspects of social hygiene affect family life and the health and happiness of our country's citizens. A study and report on various points is in process of preparation for the assistance of state and local agencies in making use of the new opportunities presented.

Yearly Programs With Other Agencies

While nearly all of the Association's activities and special projects are conducted in cooperation with other groups, certain "yearly program" cooperative projects stand out as worthy of special mention. As for example, the project with the National Congress of Parents and Teachers, with its million and a half members scattered throughout the country. For ten years and more an Association staff member has served as chairman of the Congress' Social Hygiene Committee and thus has assisted in directing its policy and inte-

grating social hygiene securely as a prominent feature of the parent-teacher program. Through the state and local social hygiene committees, social hygiene materials and precepts circulate to the most remote "little red school house" as well as the public school systems of the large cities.

The General Federation of Women's Clubs is another large and important group with which a yearly cooperative project is conducted through its Department of Public Welfare and Committee on Public Health. During 1933 a new program prepared especially for club use under the title of *The Modern American Family* has found wide use and created much new interest among these groups. The Association's General Director serves as a member of the Advisory Council for the Federation and staff members are frequently called upon for advice, talks and consultation.

Cooperation with the National Council of Women has been conducted over a period of years, this year especially in connection with the International Congress of Women held in July at the Century of Progress Exposition in Chicago. In addition to a round table on the family arranged as a part of the Congress program, a special one-day social hygiene meeting was held jointly with Chicago social hygiene agencies and individuals.

Steady and very helpful cooperation is maintained with the Social Hygiene Committee of the National League of Women Voters, whose state and local groups are extremely active, particularly in relation to the legal and protective phases of the program.

The Federal Council of Churches, through its Committee on Marriage and the Home is an organization of increasing influence in the social hygiene field, and the yearly programs conducted by the Council and the Association during the past ten years have resulted in drawing in a large proportion of the clergy and church leaders.

The American Home Economics Association is another large and active agency with which contacts are steadily increasing. A new group which brings in a large portion of the lay public is the American Legion. Within the past year the Association has cooperated and participated in several of the area conferences held under the auspices of the National Child Welfare Department of the Legion with the result that the district leaders having to do with the welfare and health of young people have become greatly interested in social hygiene as it relates to their work. An intensive institute given for the teachers and officers at the Soldiers' and Sailors' Home in

Xenia, Ohio, which is conducted by the Legion, resulted in a request for more such occasions when they can be arranged. Other agencies with which new forms of cooperative program activity are developing are the National Council of Jewish Women and the Junior League of America.

PUBLIC INFORMATION AND OTHER ROUTINE ACTIVITIES

The Association has continued to prepare and distribute social hygiene information through all the usual channels available. General and special correspondence continues to occupy much time and thought. Examples are: a request from a local social hygiene society for arguments to place before the community chest as to why a special social hygiene agency is needed in a community; an inquiry from far off India as to how one goes about setting up a social hygiene society; numerous inquiries for material which parents may put into the hands of their children or through which they may inform themselves; a request from a dean of women for help in answering certain baffling questions asked her by students; a letter from a minister as to how public opinion against the toleration of prostitution can be developed in his community; a request as to the value of certain social hygiene books not mentioned in the Association's recommended reading list. From thirty to fifty letters of this kind are received each day, often requiring special search for facts and figures. Often these inquiries are made in person. The Association's records show 385 visitors to national headquarters during 1933.

The Journal and the News

The JOURNAL OF SOCIAL HYGIENE has continued to be the Association's chief agent of public information regarding current social hygiene activities. Nine issues were printed during the year, including several special numbers. The January number provided a summary of the year's work in 1932 with the prospects for 1933, while the February number gave a resumé of the situation in the states and communities. As already mentioned the June number was a special library issue and the December number was devoted to legal and protective measures. Publication of the *Social Hygiene News* has been continued as a means of keeping state and local societies and individual members informed regarding minor activities, new publications, exhibit material and special meetings, as well as the itineraries of national staff members.

Books and Pamphlets

The Association's book publications have continued to be popular. Constant use is made of *The Way Life Begins*, *Sex and Social Health*, and *The Sex Factor in Human Life*, and many orders are received for books printed by other publishers. Records for 1933 show approximately 680 books distributed. Several pamphlet publications have been revised and issued in new editions during the year including:

Pub. No. 692 *Education for Marriage*

Pub. No. 827 *Health for Men*

Pub. No. 820 *The Established Points in Social Hygiene Education*

Pub. No. 831 *Health for Girls*

Pub. No. 832 *The Social Hygiene Program—Today and Tomorrow*

Pub. No. 844 *Sex Education in the Home*

Pub. No. 845 *Choosing a Home Partner*

Pub. No. 853 *The Question of Petting*

These in addition to the new special series of pamphlets prepared for distribution with the motion picture *Damaged Lives* (see page 17) are kept in active circulation. A bulletin of importance was the supplement prepared for this year's Welfare and Relief Mobilization in the *Behind the Front Lines Series*. This has been given wide circulation among social hygiene societies and health workers. The total number of pamphlets distributed during 1933 is 113,302.

In the Press—and on the Air

In spite of limited time for preparation of articles and news materials, the Association's staff manages to do a good deal of writing during the year. In addition to articles prepared for publication in the JOURNAL OF SOCIAL HYGIENE, reporting on special studies or new work forty articles have been prepared for publication in other magazines or collections of current data. A complete list of articles published is given on page 44.

A special radio program was arranged during the early part of the year and radio talks have been given as special events. In all 12 radio addresses were given as listed on page 44. Some of these brought in very interesting inquiries from the listening public. A radio lecture series of great interest was that given in connection with an institute in Erie, Pennsylvania, when each lecture of a four-day program was broadcast, and the sessions held open to answer inquiries which were telephoned in so rapidly as to extend the time far beyond the limit set.

The Field Lecture Service

As stated, because of limitations of staff the Association is unable to maintain an extensive service in the field, but many talks and addresses have been given by staff members in the course of institutes and meetings already reported as well as during visits for general field work. Records show a total of 524 lectures and talks given to all kinds of professional, civic, social and lay groups during the year. The map on page 23 shows the ground covered by three staff members in field trips.

Films and Exhibits

In addition to the *Damaged Lives* project the Association has continued to have regular calls for its eight educational and technical films, which are available both in 35 and 16 millimeter gauge on a purchase or rental basis. Seven films have been sold during the year and 174 rented to health and educational agencies for showings in their localities.

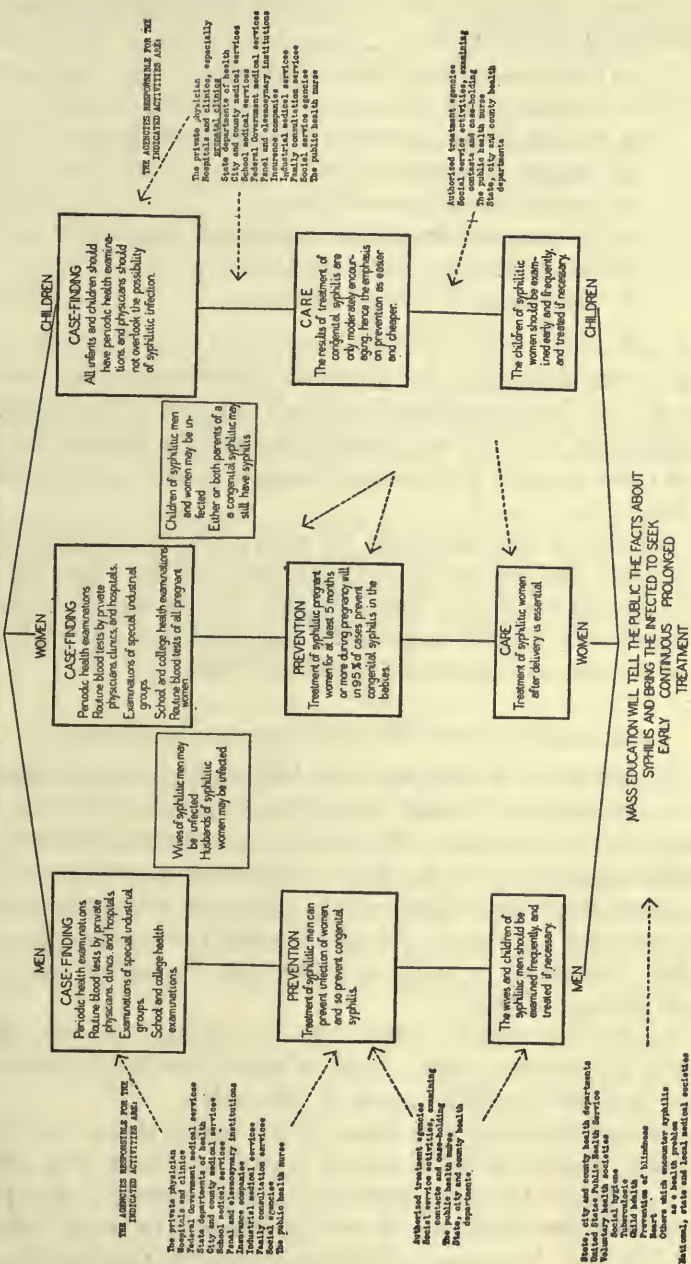
In addition to the new medical exhibit *A Modern Conception of Gonorrhea*, mentioned previously, the congenital syphilis exhibit has been in use generally and on special occasions. A chart outlining a public health program for prevention and care of this aspect of syphilis was prepared and exhibited at the association's booth at the American Public Health Association's annual meeting (see page 37). The nurses exhibit, illustrated in Plate IV, is proving popular. A general literature exhibit consisting of 12 panels displaying publications designed to assist various groups, has also created much interest. Other exhibits in regular use are; the *Clinic Exhibit* of six posters designed to encourage patients to steady attendance; *Social Hygiene in Industry*, and the chart, *How Syphilis Spreads*. Letter-size reproductions of several of these exhibits have been made to provide the information in more convenient form and at less cost. Special exhibits are frequently made up at the request of various agencies. The "blue screen" continues to be popular as an informal and inexpensive way of displaying social hygiene literature in public libraries and other public places.

COOPERATIVE PROJECTS

Many of the activities described in this report were conducted as special projects under budgetary agreements signed by the various cooperating agencies. In all 52 projects have been set up and carried

A PUBLIC HEALTH PROGRAM FOR THE PREVENTION AND CARE OF CONGENITAL SYPHILIS

ALL HEALTH EXAMINATIONS SHOULD INCLUDE A SEARCH FOR SYPHILIS



MEDICAL EXHIBITS

Reproduction of a large chart which attracted interest at the annual meeting of the American Public Health Association, and which is now being made available in letter-size for general use.

out in this way during the year. Grouped and classified they relate to the following sub-headings:

1. Government and Relief Programs
2. Industry and Illness
3. Public Health, Medical Care and Training
4. Family Counseling
5. Public Information Methods
6. Community Protection and Legal Measures
7. Education and Child Welfare
8. Promotion of Group Activities
9. Studies and Research

Many of the social hygiene activities and interrelations formerly conducted with both official and voluntary agencies under cooperative agreements have now become regular items of the budgets and programs of these agencies and no longer require specific project arrangements from year to year.

The Association has continued to work with the National Social Work Council, the National Health Council and their member agencies, and the United States Public Health Service and other governmental agencies. Special cooperation has also been extended to the National Welfare and Relief mobilization of 1933.

THE BOARD OF DIRECTORS AND STANDING COMMITTEES

The uncertainties of program and budget details from month to month have resulted in such close intercommunication and joint planning by the Board and its standing committees that there has been little subdivision of the work. The usual monthly and quarterly reports have been filed, and the necessary annual report summaries have been prepared. The Membership Corporation report will show the Association solvent, and fortunate in losing only a few members during the year.

The cooperative project agreements have maintained the level of excellence of previous years. Most of these have been described or referred to in the preceding pages of this review.

Special mention should be made of the completion of the League of Nations' studies of international traffic in women and children, and the plans for follow-up activities in each country. Mr. Bascom Johnson, who was chairman of the Commission to study conditions in the Far East has spent considerable time in Geneva since then

preparing the reports, has represented the Association in the exchange of views and proposals for making the League's findings effective. This matter together with other international activities will be carried over by the Association's Committee on International Relations and Activities for further consideration and promotion in 1934.

The excellent spirit and effective work of the staff has been commented upon during the year by the general officers and all the committees. This has made possible the favorable record of achievements. Last year's report on program and budget concluded with the following:

"Particularly is it important to know from our members how and in what manner correlations, teamwork, joint activities, and even consolidation of national as well as local activities in the fields of health and welfare may be studied and where desirable accomplished. In all such studies and experiments social hygiene must inevitably be involved."

The Board of Directors believe that these questions will be even more generally discussed this winter, and again expresses the hope that the members of the Association will send in their opinions and observations not only on national but state and community conditions related to such proposals.

CONCLUSION

A summary of this kind must necessarily omit many items and descriptions of projects and events upon which it would be pleasant to expand, especially in view of the closing of two decades of such significance and activity. Since limitations of space must be conserved, we trust that our members and friends will not hesitate to ask for further details on any project or activity in which they are especially interested.

THE 1934 OUTLOOK FOR BUDGET AND PROGRAM

WILLIAM F. SNOW, M.D.

General Director, American Social Hygiene Association

A general forecast for 1934 is easily made: There will be more demands on the Association and less money and personnel with which to do the work required. To be more specific at this time is extremely difficult. The statements on Program and Budget for the past two years* are in large part applicable to the situation facing the Association this coming year. Neither the Finance Committee, which secures the funds for the budget, nor the Executive Committee which plans the expenditure of these funds has ventured to present to the Board of Directors final figures for 1934. Until further action, the Board has authorized a month-to-month program based on the 1933 budget; with the understanding that no expenditures will be incurred in excess of actual funds or negotiable pledges available for the year. It is possible that limitation of funds may reduce the 1934 budget to \$225,000.

It also seems probable that the program will be modified by the changing situation due to direct governmental action in supplying the physical necessities of normal life—food, clothing, shelter; and to the increasing of Federal, state and local provisions for medical care of acute illness, infectious diseases and certain other conditions among the unemployed and other groups receiving public aid. As these official measures relieve voluntary agencies from efforts to secure funds for the provision of such services, greater opportunity is given to concentrate upon other effective programs for rehabilitation and character-building, and permanent preventive work. This calls for more consultation service and study of practical “next steps” in any community where the national staff can be of assistance because of its experience and knowledge of the best work being done in other states and countries.

* See JOURNAL OF SOCIAL HYGIENE, January 1931, January 1932.

Medical and Public Health Activities

Since the medical and allied professions and technical assistants must do the medical and public health work, whether it be under official or non-official auspices, it is important that the Association continue coöperation with schools of medicine, nursing, pharmacy, dentistry and social work, and with graduate instruction agencies and institutes. Promotion of information and training adapted to the needs of these groups in diagnosis, methods of treatment, and after-care and observation of syphilis and gonococcal infections, will be a major objective again this year as related to the medical and health phases of social hygiene. Another major coöperative project to be continued with the National Health Council agencies, the American Medical Association, and other organizations is the program against prenatal syphilis. Warfare must also be continued against the quacks, unscrupulous druggists and self-treatment "cures." The increased activities and legislative proposals of Federal and state food and drug divisions and the American Medical Association add encouragement for such efforts. The usual health and medical field work and lecture services need to be carried on; especially in relation to such problems as the institutes for practising Negro physicians, and studies of clinic and private practice facilities available to under-privileged groups.

Legal and Protective Activities

Continued consultant services are called for in promoting environmental safeguards, wholesome recreation, and protective measures against delinquency, particularly as related to exploitation of sex as a factor in the lives of both men and women. The completion of the national surveys of commercialized prostitution in the United States shows the need for these types of service. Though urgent requests continue, prostitution investigations made for communities in past years will probably have to be given up for lack of funds, except where the entire expense can be borne by the local groups or official bodies. The national association's part in

the legal and protective phases of social hygiene for the next few years would seem to be the job of keeping open "the line of communications" from the past to the future, so that everything will not be lost in the present emergency, and in order that the expanding programs of the future will be based on sound experiences of the past. Of course, so far as personnel and general expense permit, the Association will continue to aid and stimulate communities to action against all traffickers in women and girls and equivalent exploitation of boys.

Education and Family Relations

Vying with these demands on the Association are requests for counsel and assistance concerning family problems and adjustment. Social hygiene questions inevitably constitute a large part of such consultations. In addition to health preservation, and legal and protective measures, the safeguarding of family morale and encouragement of marriage and homemaking are all-important in counteracting the dangers from withdrawal of so many men and women from gainful occupations. These unemployed people are restless, discouraged, uncertain about the future, with inadequate recreational outlets and none of the stabilizing influences and inspiration of working for permanent homes. The Association must continue and expand its studies and promotion of practical methods of education for marriage and family social relations, and economic and environmental conditions conducive to early marriage and parenthood.

Public Information and Extension

To secure promptly information upon what is being done, as well as to transmit such information to others, the public information, publications, and community organization services of the Association must be kept up for the whole field of social hygiene. The review of activities for 1933 and previous

summaries* illustrate the extent and variety of this work. Within the limits of personnel, travel, and printing costs, such activities will be continued. The JOURNAL OF SOCIAL HYGIENE evidently has gained public approval as a source of accurate information upon social hygiene subjects and reference to pertinent material in scientific, medical, social, and other technical publications not generally available. For this reason, it is proposed to give preparation and distribution of the JOURNAL priority if necessary over other public information activities.

The stressing of limitation rather than expansion of activities in 1934, should not be interpreted as discouraging. On the contrary, there are many compensating factors in the situation. One of these, for example, is the increase in voluntary services effectively rendered by members and contributors, who have found it temporarily impossible or inexpedient to continue financial support of the national association. Similarly, the increasing tendency of national and local health and welfare agencies to join forces is producing larger returns in their respective fields with less individual outlay of personnel and other expense by the agencies concerned. For the American Social Hygiene Association, it was stated last year that "the personnel, like the funds of the Association, will be kept 'on call' so-to-speak, for assignment month by month to work most important and urgent in keeping the social hygiene movement active and influential during the depression period." This policy will apply again in 1934. Special projects and coöperative relations with other organizations will, of course, be arranged as heretofore, to the extent that additional funds, facilities, and personnel may make possible.

* See particularly the January issues of the JOURNAL OF SOCIAL HYGIENE, 1933, 1932, and previous years.

ARTICLES AND ADDRESSES PUBLISHED OR PREPARED BY THE
AMERICAN SOCIAL HYGIENE ASSOCIATION IN 1933

General Articles:

- EDWARDS, MARY S., *Social Hygiene*. American Year Book, 1933.
- KEYES, EDWARD L., *Social Hygiene and the General Health Program*. Journal of Social Hygiene, January 1934.
- The Present Status of Venereal Disease Prophylaxis—Social and Medical*. Journal of Social Hygiene, January 1933.
- PINNEY, JEAN B., 1932 in Review. Journal of Social Hygiene, January 1933.
- The Twentieth Year*. Journal of Social Hygiene, January 1934.
- Social Hygiene Education in a City of Medium Size*. Journal of Social Hygiene, November 1933.
- SNOW, WILLIAM F., *Program and Budget for 1933*. Journal of Social Hygiene, January 1933.
- The Outlook for 1934*. Journal of Social Hygiene, January 1934.
- WINCHESTER, PEARL A., *Social Hygiene and the Libraries*. Journal of Social Hygiene, June 1933.

Medical Measures:

- CLAEKE, WALTER, *Dealing with Syphilis and Gonorrhea as Industrial Problems*. Journal of Industrial Hygiene, March 1933.
- Hard Facts in Times Like These*. Hospital Social Service Magazine, March 1933.
- Medical Aspects of Social Hygiene in Delaware County, Pennsylvania*. Journal of Social Hygiene, October 1933.
- Pulmonary Tuberculosis and Syphilis*. Tuberculosis Abstracts, May 1933.
- Some Practical Problems in the Control of Syphilis*. American Journal of Syphilis, January 1933.
- CRAIN, MISS GLADYS L., *Facts About Gonorrhea*. Public Health Nursing, January 1933.
- The Public Health Nurse and the Community Social Hygiene Program*. Public Health Nursing, February 1933.
- The Public Health Nurse and the Educational Phases of a Social Hygiene Program*. Public Health Nursing, March 1933.
- EXNER, MAX J., *The Dentist and Syphilis*. Dental Digest, February 1933.
- Report on Instruction Regarding Syphilis in American Medical Schools*. American Journal of Syphilis, October 1933.
- The Prevention of Cardiovascular Syphilis*. Texas State Journal of Medicine, March 1933.
- The Prevention of Congenital Syphilis*. The Trained Nurse and Hospital Review, January 1933.
- The Congenital Syphilis Problem*. Rhode Island Medical Journal, October 1933.
- A series of articles prepared for the Brotherhood of Locomotive Firemen and Enginemen's Magazine.
- I. *The Romance and Tragedy of Syphilis*. September 1933.
- II. *The Spirochete of Syphilis and How it Attacks Human Beings*. October 1933.
- III. *Syphilis: A Patient Enemy of Man*. November 1933.
- IV. *Congenital Syphilis*. December 1933.
- V. *Can Syphilis Be Cured?* January 1934.
- VI. *Syphilis is Preventable*. February 1934.
- VII. *The Commonest Plague of Mankind*. To be published, March 1934.
- VIII. *Combating the Gonococcus*. To be published, April 1934.

A Study of the Standards of Boards of Medical Examiners in Regard to Syphilis and Gonococcal Infections. Bulletin of the Federation of State Boards of Medical Examiners, 1933.

PARKER, VALERIA H., *Hidden Problems in Hard Times.* Proceedings of National Conference of Social Work, Philadelphia, 1932.

NICHOLS, FRANKLIN O., *The Attitudes of Patients Toward Syphilis, Based on Interviews with 300 Male Negro Patients at Harlem Hospital, New York City.* Journal of Social Hygiene, March 1933.

Interracial program of the American Social Hygiene Association. Journal of Negro Education, 1933.

SNOW, WILLIAM F., *Prenatal Care for Syphilitic Mothers to Conserve Vision.* The Sight-Saving Review, September, 1933.

Legal and Protective Measures:

DOWLING, HUGH R., *A Review of Social Hygiene Legislation and Related Legislative Matters in 1933.* Journal of Social Hygiene, December 1933.

JOHNSON, BASCOM (With Paul M. Kinsie), *Prostitution in the United States.* Journal of Social Hygiene, December 1933.

Will History Repeat Itself? Journal of Social Hygiene, March 1933.

WOOD, MARGARET WELLS, *A Social Hygiene Program for Probation Officers.* 1933 National Probation Association Year Book.

Sex Education and Family Relations:

EDSON, NEWELL W., *Guiding Boy Girl Conduct.* A series of articles in the Scholastic Coach, February, March, April and May 1933.

Party Platforms for Parents. Illinois Congress of Parents and Teachers.

PARKER, VALERIA H., *The Influence of Sex in Family Life.* Mental Hygiene Quarterly of Parents Council of Philadelphia.

The above list includes only articles or addresses which have been published and distributed in reprint form. These constitute, of course, only a small proportion of the lectures, addresses and prepared talks given by the officers and members of the staff during the year. Of special interest among the latter were the radio addresses, several of which were given over national networks.

Radio Addresses Given by Staff Members of the American Social Hygiene Association in 1933:

CLARKE, WALTER, *Health Protection in Hard Times.* Station WEVD. July 22, 1933.

EDSON, NEWELL W., *The Dilemma of Modern Youth.* Station WINS. July 18, 1933.

What Ails Our Youth. Station WEVD. July 15, 1933.

EXNER, MAX J., *Parents of Tomorrow.* Station WNYC. May 11, 1933.

JOHNSON, BASCOM, *The Prevention of Delinquency.* Station WEA.F. August 7, 1933.

PARKER, VALERIA H., *The Family in an Insecure World.* Station WEA.F. July 7, 1933.

The Guidance of Adolescence. Station WABC. July 3, 1933.

Some Special Aspects of Character Training of Children. Station WOV. October 14, 1933.

PINNEY, JEAN B., *Why Social Hygiene Education?* Station WEVD, June 27, 1933.

SNOW, WILLIAM F., *Health of the School Child in a Period of Depression.* Station WNYC. January 6, 1933.

Protecting the Values of Family Life. Station WABC. May 2, 1933.

PUBLICATIONS AND EXHIBIT MATERIALS OF THE AMERICAN SOCIAL HYGIENE ASSOCIATION

Pamphlets

The following selection represents new or revised pamphlet publications issued during 1933. For a complete list of pamphlets ask for Publication No. 793, *A Classified List of Social Hygiene Pamphlets*. Unless otherwise stated, pamphlets are 10 cents each (free to members) 80 cents per dozen, \$5.00 per hundred, \$25.00 per thousand.

	Pub. No.
For Parents	
<i>Sex Education in the Home</i> , Helen W. Brown.....	844
<i>Some Inf'mation for Mother</i> , John P. Gavit.....	532
<i>A Formula for Sex Education</i> (5 cents).....	778
<i>Your Daughter's Mother</i> , Ruth K. Gardiner.....	319
For Boys and Girls	
<i>From Boy to Man</i> , Newell W. Edson.....	626
<i>Health for Girls</i>	831
For Young Men and Young Women	
<i>Health for Men</i>	827
<i>Choosing a Home Partner</i> , Newell W. Edson.....	845
<i>The Question of Petting</i> , Max J. Exner.....	853
For Teachers, Pastors, Social Workers and Students of Social Hygiene	
<i>The Established Points in Social Hygiene Education</i> , Maurice A. Bigelow.	820
<i>The Social Hygiene Program—Today and Tomorrow</i> , C.-E. A. Winslow..	832
<i>Education for Marriage</i> , Max J. Exner.....	692

A Special Series

Of interest to all the above groups as well as to the general public is the special series of pamphlets written by Dr. William F. Snow for distribution among audiences witnessing the motion picture drama *Damaged Lives*. These are:

	Pub. No.
<i>Health for Man and Boy</i>	846
<i>Women and Their Health</i>	847
<i>Marriage and Parenthood</i>	841

Of particular interest to health officers, social workers and church or civic leaders who desire further information concerning the experiment in mass education represented by *Damaged Lives*, is the pamphlet *A Three Point Program in Health Education*, which includes notes on the use of the drama for education of the public regarding syphilis in family life; the scenario for the accompanying illustrated film talk *Science and Modern Medicine*, and outlines of the pamphlets mentioned above.

Books

Books listed below are published by the American Social Hygiene Association and are available to members at a discount of ten per cent from the list price. For a more comprehensive list of recommended social hygiene books, ask for Publication No. 794, *Books on Social Hygiene*.

- The Way Life Begins*, Cady, B. C. and V. M., price \$1.50
- The Sex Factor in Human Life*, Galloway, T. W., price \$1.25.
- * *Sex and Social Health*, Galloway, T. W., price \$2.50.

* Single copies of this book in limited number are available to libraries and health agencies, upon request, without charge, except for postage.

Exhibits

The following exhibit material is mentioned as of special interest. For a complete list of films and exhibit material ask for Publication No. 766, *Social Hygiene Motion Pictures*, and *Special Exhibit Folders*.

For Parent Teacher Associations, Club Groups and General Use

Social Hygiene Exhibit Screen

A three-panel screen on heavy blue stock, size $2\frac{1}{2} \times 3\frac{1}{2}$ feet, displaying specially selected social hygiene literature. This exhibit may be borrowed free of charge, except for transportation, or purchased for \$2.00.

Social Hygiene Scrap Book

A classified collection of social hygiene pamphlets, folders, leaflets, and charts, bound in convenient form. Available on loan without charge, except for postage, or may be purchased for \$2.00.

Classified Literature Exhibit

A set of 12 panels on heavy green stock, size 22×28 inches, displaying selections of literature for various groups under attractive headings—*Social Hygiene for the Nurse*, *Social Hygiene for Parents and Teachers*, *Social Hygiene for the Clubwoman*, et cetera. This exhibit may be borrowed free of charge, except for transportation charges, or purchased for \$5.00.

Social Hygiene in Industry

Six posters, showing the nature and extent of social hygiene problems in industry, with practical suggestions for employers and personnel workers. Printed on heavy white paper in two colors. Size 19×28 inches. Price \$1.75 postpaid.

For Physicians, Nurses, Social Workers and other Professional Groups

Social Hygiene Exhibit for Nurses

A set of 10 charts indicating the relation of the nursing profession to social hygiene. Available in two sizes— 17×22 inches, black and white at \$1.00, or in colors at \$5.00 per set. Miniature set, $8\frac{1}{2} \times 11$ inches, black and white, at 10¢ per set, or \$1.00 per dozen sets.

How Syphilis Spreads

A chart showing in simple but effective outline the epidemiology of syphilis. Size 29×35 inches, on heavy white stock, at 75¢ per copy, or $8\frac{1}{2} \times 11$ inches at 50¢ per 100 copies.

A Public Health Program for the Prevention and Care of Congenital Syphilis

A graph of the measures and agencies involved in case-finding, prevention and care of this aspect of syphilis. In black and white, on heavy white stock, size $8\frac{1}{2} \times 11$ inches, 10¢ per dozen or \$1.00 per hundred.

Clinic Exhibit

A set of six placards, designed to encourage regular attendance of clinic patients. Printed on white cardboard in two colors. Size 10×18 inches. Price \$1.25 per set postpaid.

Syphilis as an Industrial Problem

An exhibit prepared originally for the Scientific Exhibit of the American Public Health Association. Shows the prevalence of syphilis in industrial groups, epidemiology, extent in pregnancy, and other medical aspects of the problem. Seven large charts, in two colors on glazed cloth, with hangers. Available for loan.

Gonorrhea in the Male

A set of eight charts describing the diagnosis and treatment of acute and chronic gonorrhea. Originally prepared by Dr. Edward L. Keyes as part of the American Medical Association's annual Scientific Exhibit, and now reproduced in letter-size, $8\frac{1}{2} \times 11$ inches, on heavy white paper, for general distribution among medical groups. Price 10¢ per set, or \$1.00 per dozen sets.

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

The Association is working for:

The provision of adequate professional health and medical services, supplemented as necessary federal, state and community facilities; the inclusion of syphilis and gonococcal infections as major problems of such services; development of opportunities for graduate physicians to gain practical experience in diagnosing and treating these diseases; establishment of adequate instruction for students being trained for the professions and technical services concerned; and protection of the public from medical quacks and others seeking to exploit the sick and those believing themselves to be infected.

The securing of community environments favorable to family life and the safeguarding of children and adolescents from conditions leading to sex delinquency; enactment of remedial legislation where necessary; promotion of protective measures advancing standards of public and private morals; the development of recreation for young and old adapted to their increasing leisure time; and direction of all these activities toward relations of men and women conducive to mutual respect, wholesome companionship, marriage, and parenthood.

The promotion of public information, (1) to ensure popular understanding and support of social hygiene as an integral part of permanent community activities; (2) to provide particularly for protection of the individual against the diseases syphilis and gonorrhea.

The establishment of correlated educational, religious and social instruction and training directed toward (1) the general objective of making the family biologically and sociologically effective in securing for each generation good heredity and wise parental care in successful homes; (2) the acquiring of individual knowledge and control most likely to ensure the functioning of sex as a useful influence in personal and family life.

The Association works through:

The membership of the Association, which collectively represents every part of the United States and the experience and judgment of all professional and lay groups. The members constitute a means of securing dependable views and cross sections of public opinion on social hygiene questions. They also provide an essential medium for exchanging, among local and state groups, data and experience with new methods.

The officers and members of other agencies, which include social hygiene activities in their respective programs. The cooperative projects with such organizations serve to promote teamwork, avoid duplication and unnecessary specialization in health and welfare programs, while decreasing the costs of administration and broadening the base of support.

The public information and education facilities of the schools, the church, the press, the radio, the screen, professional and organized groups, lectures and institutes.

Consultation, field work, studies and research, as temporary aids to establish public and voluntary institutions in position to incorporate permanent social hygiene activities in their communities.

To accomplish these purposes the Association has set up:

A national office which serves as a clearing house of dependable information and evaluation of social hygiene measures and accomplishments.

A staff of consultants experienced in studying problems in this field and in advising with local officials and voluntary agencies.

A grouping of activities according to public interest in special phases of the social hygiene movement in the United States—(1) medical and public health activities, (2) legal and environmental protection, (3) public information and community organization.

A general advisory committee and other standing and special committees designed to promote and guide special projects, studies or research to which the Association lends its auspices or for which it provides personnel and facilities.

ASSOCIATION MEMBERSHIP

The American Social Hygiene Association is incorporated under the membership corporations law of New York State. Under this law a corporation receiving a charter approved by the state files a constitution, and elects a board of directors and general officers who are responsible to a general voting membership. The corporation also files annually a report of its membership and transactions.

For purposes of conducting the American Social Hygiene Association's legal business as a national non-profit voluntary health and welfare agency, voting members comprising both individuals and organizations are elected who pay annual dues and constitute the governing body of the Association. This voting membership comprises:

(A) the contributing annual or life members, who for administrative purposes are grouped under:

- (1) individual members, who apply and are elected directly to membership in the national association;
- (2) joint members, who are elected to active membership in an approved state or local social hygiene council, society, or committee of some other national or community agency, and who are nominated by their respective agencies and approved by the national association's Executive Committee for joint membership;
- (3) society members elected as institution or agency members;
- (B) honorary members who signed the certificate of incorporation or served as the first board of directors and other elected individuals of distinction who have also served as directors.

In addition there are:

(C) corresponding members approved for such periods as may be determined by the Executive Committee, who by correspondence or other means render regular service to the Association. Both individual and agency contributors of money, facilities or specific services are included in this group of members, who do not pay dues and have no vote.

Finally, on nomination, the Executive Committee elects:

(D) collaborating members, who by active participation in social hygiene work in their respective communities promote and build up permanent programs in this field of health and welfare. These are annual members having no vote and paying no dues.

Collectively this membership represents every part of the United States, and the experience and judgment of all professional and lay groups. The members constitute a means of securing dependable views and cross sections of public opinion on social hygiene questions in the United States. Also they provide an essential medium through which the national association exchanges data and experiences with local groups, and functions as the national voluntary clearing house for social hygiene activities. While the work itself is done wherever possible through or under the direction of other agencies to avoid publicity and unnecessary organization and specialization in health and welfare programs, the maintenance of this social hygiene membership is necessary to assure the presence in each community of at least a few citizens and leaders who are fully informed upon this field of human needs and protection.

THE ASSOCIATION'S NEW HEADQUARTERS

As announced in the daily press and elsewhere, the Association will join with the other agencies of the National Health Council in removing to 50 West Fiftieth Street in the near future. Offices will be located in the main building of the group making up Rockefeller Center, where it is expected that the Health Council agencies will occupy the eighth and ninth floors, on the north, south and east sides. Exact allocations of space to the various agencies are still tentative, but the Association has been assigned for the present a southeastern corner, overlooking the Plaza on the east and Forty-ninth Street on the south.

In deciding to make this move the Board of Directors and Executive Committee believe that they have acted not only for the comfort and well-being of the staff and the most economical and efficient conduct of the Association's business, but for the convenience of the many visitors coming to the national office. Since 1920, when the organizations composing the National Health Council first united forces at 370 Seventh Avenue, adjoining the Pennsylvania Railroad Station, this area has been given over largely to the needle trades, mercantile and manufacturing enterprises. The region in which the present office is located is among the busiest and most congested in the city. The daily experience of staff members in reaching the office has been an index of the inconveniences and crowding suffered by our visitors, but in spite of these and other disadvantages arising from such conditions, the high rentals prevailing in more desirable locations have until now prohibited any more satisfactory arrangement. It is therefore with especial satisfaction that the Board announces that the prospective move will result not only in the achievement of a more healthful, more appropriate and more inspiring atmosphere, and a less crowded approach, but in a considerable saving in rental and other expense as well.

Members and friends of the Association are cordially invited to visit the new headquarters, which we are expecting to occupy about March 1st.

ANNUAL BUSINESS MEETING

The Association's Annual Business Meeting will be held at 4 P.M., Wednesday, January 31, 1934, in the offices of the Association, 450 Seventh Avenue, New York City.

This meeting is for the election of general officers and seven directors, and for the transaction of such other business as may come before the meeting. The general officers to be elected are a president, four vice-presidents, treasurer and secretary, who will serve for the fiscal year 1934 and until their successors are elected and take office. The seven members of the Board when elected will serve for three years and until their successors qualify for office.

It is planned to limit this session to the necessary business, and to adjourn the usual program and social sessions to dates selected later in the year, probably after the Association has removed to its new quarters at 50 West Fiftieth Street.

Regional Conference.—A Social Hygiene Regional Conference will be held under the auspices of the Social Hygiene Council of New York City on Wednesday, January 24, 1934. All members of the national association are cordially invited to attend the sessions for which the following program has been arranged.

Morning Sessions 10:00 A.M.

- Subject:** Discovery and Recognition of Parental and Congenital Syphilis
Presiding: DR. GEORGE W. KOSMAK, Children's Welfare Federation
Speakers: DR. A. BENSON CANNON, Vanderbilt Clinic; DR. EUGENE SEELEY COLER, Sloane and Vanderbilt Clinic; DR. JACOB A. GOLDBERG, New York Tuberculosis and Health Association
- Subject:** Delinquency and Social Hygiene: With Emphasis on Preventive Measures
Presiding: DR. WILLIAM F. SNOW, American Social Hygiene Association
Speakers: MISS STELLA A. MINER, Girls Service League; DR. I. T. BROADWIN, Jewish Board of Guardians; MR. PRYOR MCNEILL GRANT, Charity Organization Society; COLONEL ERNEST K. COULTER, New York Society for Prevention of Cruelty to Children
- Subject:** Industrial Aspects of Venereal Disease Control
Presiding: DR. DONALD B. ARMSTRONG, Metropolitan Life Insurance Company
Speakers: DR. HARRY C. SAUNDERS, New York University and Bellevue Hospital Medical College; DR. FERDINAND SCHMITTER, New York State Department of Labor; DR. WALTER CLARKE, American Social Hygiene Association

Luncheon Session 12:30 P.M.

- Subject:** Family Welfare Problems Relating to Venereal Diseases
Presiding: DR. WILLIAM H. PARK, New York City Department of Health
Speakers: DR. GEORGE K. PRATT, State Charities Aid Association; MR. BAILEY B. BURRITT, Association for Improving the Condition of the Poor; MR. LEWIS H. CARRIS, National Society for the Prevention of Blindness

Afternoon Session 3:00 P.M.

- Subject:** Sex-Character Education in Public and High Schools: Is Such a Plan Feasible in New York City?
Presiding: PROFESSOR MAURICE A. BIGELOW, Columbia University
Speakers: DR. BENJAMIN C. GRUENBERG, American Association for Adult Education; DR. WILLARD W. BEATTY, Bronxville Public Schools; MR. HERBERT W. SMITH, Fieldston School
- Subject:** Legal and Protective Measures, Including Problems of Follow-up
Presiding: HONORABLE GEORGE Z. MEDALIE, Former Federal District Attorney, New York
Speakers: MISS VIRGINIA M. MURRAY, Travelers Aid Society; JUDGE JONAH J. GOLDSTEIN, City Magistrates' Court; MR. DOUGLAS P. FALCONER, Brooklyn Bureau of Charities

Dinner Session 6:30 P.M.

- Subject:** Community Control of Disease in Times of Depression
Presiding: DR. EDWARD L. KEYES, American Social Hygiene Association
Speakers: DR. G. CANBY ROBINSON, New York Hospital-Cornell Medical College Association; DR. MARCUS A. ROTHSCHILD, New York County Medical Society
- Subject:** Migrant Boys and Girls
Speakers: MR. ROBERT S. WILSON, National Association of Travelers Aid Societies; MISS JOANNA C. COLCORD, Russell Sage Foundation

Headquarters

George Washington Hotel, 23rd Street and Lexington Avenue, New York, N. Y.

ANNOUNCEMENTS

Last Month.—The December number of the JOURNAL OF SOCIAL HYGIENE, as prophesied, is meeting with an enthusiastic reception, not only from persons and groups especially interested in the problems of law enforcement and protective measures discussed, but from those concerned with the general aspects of social hygiene. A limited number of reprints of the article *Prostitution in the United States*, by Bascom Johnson and Paul M. Kinsie, have been struck off for distribution and are available on the usual basis: *free to members, ten cents per copy to non-members*. Note: Since publication a slight correction has been made in the tabulations accompanying this article, for which see below.

This Month.—As in past years, the January number of the JOURNAL is presented as a yearly summary of national social hygiene activities, an evaluation of present trends, and such forecast as these uncertain days permit. JOURNAL readers are invited particularly to peruse the lists of publication and exhibit materials, and to send in suggestions for new materials that they would like to see developed. Are these pamphlets and exhibits of use to you? If not, what do you need, and how can we best help you to get it? Please write us.

Next Month.—In February the JOURNAL will be given over to a resumé of state and community social hygiene activities, to which state boards of health and social hygiene societies, committees and councils have contributed. We are assured by social hygiene workers that they find this

annual grouping and summarizing of current events, opinions and plans, to be useful for reference throughout the year. May we have your ideas for making it more helpful and handy?

And in March.—In 1932 the United States Children's Bureau and the Social Hygiene Society of the District of Columbia conducted a study on an important and often neglected aspect of child life. *Social Exclusions for Gonorrheal Infections in Washington, D. C.* is the graphic title given to the report prepared by Dr. Ella Oppenheimer of the Bureau and summarized by her in collaboration with Ray H. Everett, Executive Secretary of the Society and former editor of the JOURNAL, for publication in the March issue. Every parent and teacher will read this report with interest. Other articles will include: *Instruction regarding Syphilis in American Medical Schools*, a summary of a recent study report prepared by the Association staff, and *Syphilis and the General Medical Practitioner*, a preliminary report on the institutes for physicians described in the January issue.

Future Numbers.—Although the Journal during these critical times must necessarily follow a policy of publishing material considered to be of greatest use in the emergency, the editors are always glad to have suggestions for special articles or items which our readers would like to see in print. Your cooperation will help to make the magazine of livelier interest and wider scope, as well as giving us in the national office your viewpoint.

A CORRECTION

By error, in the article *Prostitution in the United States*, JOURNAL OF SOCIAL HYGIENE, December, 1933, the City of Wilmington, Delaware, was placed in the "poor" conditions group in 1927-28 (Table I, p. 473), when it should have been listed as "bad." In examination of the figures quoted in the text readers should take this change into consideration. In the reprints of the article the necessary corrections have been made.

Journal of Social Hygiene

Yearly Summary—Part II

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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

450 SEVENTH AVENUE, NEW YORK CITY

JEAN B. PINNEY, MANAGING EDITOR
WILLIAM F. SNOW, EDITORIAL CONSULTANT

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

The JOURNAL OF SOCIAL HYGIENE is supplied to active members of The American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each.

Price \$3.00 per year; 35 cents per copy.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.
Acceptance for mailing at special rate of postage provided for in Section 1103,
Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing
Company, Inc., 372-374 Broadway, Albany, N. Y.

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Title Registered, U. S. Patent Office.

Member, Union Internationale Contre Le Péril Vénérien
4 rue de Sèvres, Paris, France

Journal of Social Hygiene

VOL. XX

FEBRUARY, 1934

NO. 2

INVENTORY FOR 1933

THE YEAR'S SOCIAL HYGIENE ACTIVITIES IN THE STATES AND COMMUNITIES

What is there to show for 1933? And what is being carried over into the coming year of 1934? This is the gist of approximately one hundred reports from State Boards of Health, state and community social hygiene societies, committees and councils, and organizations like tuberculosis and health societies and parent-teacher associations which are promoting active social hygiene programs. These do not by any means tell the whole story. They furnish, however, a significant and often dramatic country-wide cross-section picture of worth while effort to accomplish results in the face of difficult obstacles.

Conspicuous high-lights of the year past are:

(1) Some of the most badly hurt of the States and communities have failed to provide sufficient public funds for health services in general, and the result has been the reduction or practical elimination of venereal disease activities. In a few others the appropriators have shown an appreciation of this most critical of public health programs, and have insisted upon the retention of essential social hygiene program activities. In this connection the entrance of the Fed-

eral Government into the field of relief and social welfare generally, is a significant development, and one not yet fully understood or defined, in so far as its potentialities and limitations are involved.

(2) Among the private agencies, there is a similar heart-breaking lack of money to carry on cherished services which have taken years of effort to build up. At the same time, a determination is evident on the part of most of them to make the most of little, to utilize voluntary services, to plan activities which will run on a self-supporting basis, and to take advantage of every opportunity to include social hygiene measures in community programs.

(3) In most of the reports, there is evidence of crying needs unmet,—a probable increase in venereal disease infections because of the gradual multiplying of untreated cases in the community; an increased demand for free or low-cost medical care, not only for relief role cases, but also for those whose reduced incomes pay only for bare maintenance; an increase of commercialized prostitution in the country generally; and a growth in the demand from individual inquirers for personal help and advice in matters concerning marriage and problems of sex.

These and other indications of the general situation are repeated over and over in reports from all parts of the country.

The more than fair success of community chest campaigns in 1933 indicates the public's recognition of the worth of private agencies. Of the report of campaigns completed in 195 cities in the Fall of 1933, Newton D. Baker said, "This shows that American communities are, for the most part, loyally supporting their welfare activities and doing their utmost to provide for the human needs of the present emergency not covered by Federal, State, and local government aid."

In this emergency social hygiene problems occupy a prominent place, and it seems apparent that responsible community planning committees must inevitably see that no well-rounded health and welfare program can be developed without the inclusion of social hygiene measures.

Reports from 48 States are presented, as follows, quoted wholly or in part, in some cases with data added based upon visits of staff members of the National Association to the communities:

Alabama—State Department of Public Health, Montgomery.—"A drastic cut in the appropriation of the State Health Department in the latter part of 1932 made it necessary that expenditures in the various departments be reduced. Along with other activities of the Health Department the work of the Division of Venereal Disease Control was greatly handicapped. Prior to October, 1932, there were in operation in the state 13 free venereal disease clinics. During the year 1933 only four have been in operation, they being financed by local funds. In 1932, 89,442 doses of neoarsphenamine, and 84,736 doses of bismuth or mercury were given in the free clinics and by cooperative clinicians. During the first 11 months of this year only 11,042 doses of neoarsphenamine and 9,786 doses of bismuth and mercury have been given. We are hopeful of being able to revive some of the work during the coming year.

The number of cases of syphilis reported by physicians for the first nine months of this year is slightly greater than the number for the same period of last year; 1,801 being reported through October, 1933, and 1,749 through October, 1932. During the same period in 1931, however, only 1,373 cases were reported.

Although we have no reliable statistical data upon which to base a conclusion, it is reasonable to expect that there has been an increase in the incidence of venereal diseases during the past few years. There has been unquestionably a remarkable increase in the number of persons applying for treatment at free clinics. This, however, to a large extent is due to the inability of an increasing number of persons to pay for private treatment which forces them to seek treatment where it can be had at little or no cost."

Alabama—Birmingham Council for Social Hygiene.—The program for the year 1933-34 included the reduction of the former five committees to three, Education and the Family, Legal and Protective Measures, and Medical Measures, and the holding of quarterly meetings open to the public, with carefully arranged programs. The first open meeting was held in October with a larger attendance than at any previous meetings of the Council.

The Committee on Education and the Family has launched several useful activities. A sub-committee on library facilities with the cooperation of the public library has made available a classified reading list and the services of a reader's assistant in finding material wanted in various sections of the library. An exhibit of pamphlets is on display there. Another sub-committee has undertaken to put into effect the program of education for industrial groups; the chairman of this committee is in charge of the welfare work of a large industrial

concern in the city. A speaker's bureau has been set up with a list of carefully chosen speakers who are available for talks before church, social and civic organizations on the work of the local council and the needs for education and study in this field. The local branch of the American Association of University Women has organized a group for the study of these questions. The committee as a whole plans later to sponsor an institute when it is hoped there may be brought together a large group of interested persons.

The Committee on Legal and Protective Measures plans to study those sections of the State, County, and Municipal Codes pertaining to social hygiene, and any lack will be discussed and recommendations made for additional legislation. The committee is also considering the passage in our City and County of an ordinance regarding the prevention of the sale of salacious literature. An attempt will be made by the committee to evaluate the extent of law enforcement in our community, and recommendations will be made to the City and County Commissioners in cases of laxity or non-enforcement.

Dr. J. D. Dowling, Health Officer of Birmingham and Jefferson County and Chairman of the Committee on Medical Measures comments as follows upon the general social hygiene situation in this locality:

"In Jefferson County only one clinic is maintained for the treatment of venereal disease. This clinic is operated by the Public Hospital, and admissions are limited to indigents. Because of limited facilities the daily admissions are limited, and some in need of treatment are turned away. The public health budgets have been reduced 60 per cent in three years, and the low level is not yet in sight. Nothing constructive is being done on a scale calculated to influence the venereal disease situation appreciably and is not likely to be until the public becomes aroused to the point of taking a hand."

An institute for Negro nurses and social workers was held in Birmingham for two days in December with addresses on the social aspects of the venereal diseases by Mr. Franklin O. Nichols of the American Social Hygiene Association. The institute was stimulating and was a valuable means of education for the group reached by it.

An institute similar in purpose will be held in Birmingham for the Negro physicians under the direction of Dr. Walter Clarke, also from the national association, early in the next year.

Arizona—State Board of Health, Phoenix.—Plans for a health education program to be carried on during the winter months were mentioned late in 1933, but no special activities have since been reported. Like other states with favorable winter climates, Arizona has its special problems of transient health and welfare, with which it must cope particularly during the present unemployment emergency.

Arkansas—State Board of Health, Little Rock.—"Outstanding activities for 1933 have included effective programs in social hygiene by many high school teachers, and similar activities by county nurses in junior and senior high schools. Material for such group work was furnished by the State Board of Health. The unemployment situation has resulted in many problems difficult of solution. Special efforts have been made by county probation officers, county health nurses and other interested workers to meet these unusual needs. During the coming year certain activities in social hygiene will be undertaken by parent-teacher associations, business and professional women's clubs and other organized groups. The State Board of Health provides literature for the purpose of promoting this work, and encourages group talks and discussions. It is suggested that the national association assist in local work through provision of pamphlet material, exhibits and posters, in discussion of special problems and the methods by which other communities have handled them, and by its lecture service."

California—State Department of Public Health, Sacramento.—"Increased numbers of cases of syphilis and gonococcus infections have been reported during the past year. These increases have occurred in public clinics only and, undoubtedly, reflect the lowered economic status of the general public.

The reduced appropriations of all health departments make it difficult for them to carry on intensive work in the control of venereal disease. In some places activities along these lines are decidedly retrogressive."

California—Oakland Social Hygiene Committee, Oakland.—"The Committee is marking time. We are observing the field and hope to make some progress toward organization in this year of 1934. So far as we can judge by the patients in the public health clinics there has been no noticeable increase of venereal diseases during the past year."

California—Social Hygiene Council of Southern California, Los Angeles.—"The Council reports that no formal meetings have been held during the past year. The acting chairman, Dr. Harold Morrison, went to San Mateo as Health Officer of that county. The members of the Council have kept in touch as well as possible with developments in the field of prostitution and the venereal diseases. Arrangements have been made to take up these problems in the special section of the all-day conferences which the Institute of Family Relations is holding in every city in southern California. Aid has been given in promoting the social hygiene film *Damaged Lives*. Any organized activity on the part of the Council, as such, depends on the ability to get financial support and this seems to be virtually impossible at the present time when the demand of relief agencies is so imperative.

There has been some increase in prostitution in Los Angeles, though a study of the situation indicates to local observers that law enforcement conditions here are still better than in any other large city of the United States. But because of the wave of so-called liberalism that is now sweeping over the United States, it seems highly desirable that a constructive and progressive campaign of public education should be carried on everywhere. Just as in the case of the saloon, a large part of the voters of the present day cannot remember the period when open and licensed prostitution was tolerated in many American cities and therefore do not recognize the inescapable evils that flow from such a situation."

California—Sex Education Society, San Francisco.—"The establishment of a Family Relations Center marks the outstanding accomplishment of the San Francisco Sex Education Society during the year 1933. Out of the educational program fostered by the organization since its inception in 1928 there has developed an increasing demand for the particular type of consultation and library service which the Society is fitted to offer. It is hoped to secure sufficient financial backing within the next few weeks to move into new and more adequate quarters.

These will serve as a recognized center for authentic guidance in matters pertaining to sex and family relations, and will make possible additional lecture courses, technical discussion groups and regular forum meetings. The establishment of this Family Relations Center has the enthusiastic approval of leaders in church and professional groups and holds far-reaching possibilities as a constructive and forward-looking type of social-educational community center.

The Society's 1933 educational program, directed by Henry M. Grant, included regular 60-hour courses in sex education in the Extension Division of the San Francisco State Teachers College, shorter courses for the general public both in San Francisco and Oakland, a 30-hour seminar for physical education majors (men) in the University of California, courses for adolescents in the San Francisco Boys' Club, public lectures on *Love and Marriage*, conferences with grade school faculty groups and miscellaneous talks before parent-teacher meetings, character building agencies, clubs, and others. The Society was also instrumental in arranging a symposium of ten talks on sex education before the Second District Parent-Teacher group, an excellent project organized by Mrs. Milton Saper and to be repeated in 1934, and several short courses and single lectures given under school and church auspices by Dr. and Mrs. A. A. Bird of Oakland.

Working as a slow, leavening force in directing public opinion toward the eventual consideration of sex education as an integral part of general education, the Sex Education Society's program shows steady, sound and consistent growth. There has been a noticeable increase during the past year in public appreciation and moral support, and instances are constantly being brought to its attention of the

useful work being accomplished by individual teachers throughout this area who have been prepared by the Society to give sex instruction and to help boys and girls to understand the sex factor in their lives.

As the movement here is almost entirely dependent on private subscription, the problem of financing the work has become an increasingly difficult one. With the opening of its new proposed Center, however, the Society hopes to increase its own revenue-bearing activities and thus assist in the solution of its own financial problems."

California—Social Hygiene Committee, San Francisco.—"The activities of the Committee for the year 1933 have mainly followed the recommendations emanating from the study conducted in this city by the American Social Hygiene Association in 1931, and additional recommendations of this Committee. Much consideration has been given to ways and means of putting into effect improvements which will meet unmet needs and to reorganization of some of the present practices in order to conform with recognized principles of handling medical and social aspects of social hygiene. The City and State Departments of Public Health and the County Medical Society are lending their support to our plans to a considerable degree.

Progress has been slow in carrying out some phases of the program due to curtailed budgets of official and private agencies. New projects calling for additional funds must of necessity be held in abeyance.

In particular, legal and medical aspects have been stressed. In the light of information furnished in the survey referred to and due to the economic situation, the "lock" ward of the San Francisco Hospital has been closed. Women were formerly committed to that ward who, having been arrested on charges of prostitution and vagrancy, were found upon examination to have infectious syphilis or gonorrhea. These women have now been removed to the hospital ward in the County Jail and new commitments also will be made to that ward. In this connection it is important to point out that the new County Jail now under construction will have a modern and fully equipped ward with a capacity for 40 female patients. This change is a definite step forward in the social hygiene program.

There has recently been organized an association of venereal clinics, from which we expect a much better standardization of clinic service and follow-up work of venereal cases. This association will attempt early in 1934 to arrange for evening sessions at the university clinics for the treatment of female gonorrhea.

The Department of Public Health no longer treats syphilitics at its social hygiene clinics, but operates a diagnostic clinic. The indigent and part-pay patients are referred for treatment to the private clinics which it subsidizes for this service, and the paying patients are referred to private physicians.

A strong alliance between the Committee and the local group of the American Pharmacists' Association has been developed. This is an organization of employee pharmacists, who through individual

efforts of members and publicity in their journals, plan to assist the Committee in the control of "counter prescribing" for venereal diseases.

Problems concerning illegal practices, and in particular the operations of Chinese herbalists, are extremely difficult to handle, but some progress might be expected if it were possible to have Chinese medicines labeled in English as to contents. This is a matter which it is hoped may be met by some form of legal restriction.

The Committee is planning a meeting with the Municipal Judges, District Attorney, City Attorney, Health Director, and Chief of Police, to discuss plans for the organization of a medical and social department under the courts to assist law enforcement officials and the courts in the handling and disposition of cases.

The work of the Committee on public health education concerning venereal diseases has been handicapped by lack of funds, but this phase of the program is one which the Committee particularly hopes to stress in 1934."

Colorado—State Board of Health, Denver.—No report was received from the Department. Staff members who visited the state during the year report as follows:

"The venereal disease activities of the State Board of Health were much diminished during the year 1933 and several clinics, which prior to that time had been operated under the direction of the State Board of Health, were discontinued. However, in Denver, the City Health Department has set up an excellent clinic for the treatment of syphilis and gonorrhea and is carrying out the functions of such a clinic in a very creditable manner. The Denver Visiting Nurse Association which handles communicable diseases for the City Health Department has assigned personnel to the supervision of this clinic and to its medical and social case work. The medical, nursing, epidemiological and social case work of this clinic is believed to be upon a sound basis.

In November 1933, an institute on the medical aspects of social hygiene was conducted in Denver for nurses of the State of Colorado. About 200 public health nurses and graduate and student nurses attended this two-day institute which was conducted by Dr. Walter Clarke of the American Social Hygiene Association.

An effort has been made to re-establish the clinic for the treatment of syphilis and gonorrhea in Pueblo and at the time of the last report, plans were under way for the participation of the county and city health authorities in the operation of such a clinic which, in addition, was to receive the support of the relief authorities.

Statements by well-informed citizens indicate that prostitution is present in Denver, with open solicitation upon the streets. The police department provides examination and treatment for prostitutes.

Some effective sex education work in the school is being given through inclusion of appropriate materials in courses of biology, physical education and home economics. In addition the school

authorities have arranged with a skilled woman physician to give a series of talks to high school girls on sex problems. This work has the support of the local parent teacher council. It is in line with the progressive public school system of the city."

Connecticut—State Department of Health, Hartford.—"During the past calendar year no new activity could be undertaken because of the lack of appropriations. However, during the late summer and fall seasons an unusual amount of educational work was done. This work was carried out at the reforestation camps. At each of the twelve camps a lecture of at least an hour was given, including the showing of a two-reel venereal disease film. Already over 2,500 individuals have been given essential facts about the venereal diseases. This group is most important inasmuch as the ages range from 19 to 25 years.

Educational work has also been carried on by means of talks to various local clubs and groups, four five-minute talks over the radio, and by the distribution of pamphlets. For the first time syphilis was mentioned and discussed freely over the radio (WTIC).

Venereal disease report forms were revised in order to decrease the cost of printing and also to encourage reporting. An additional form for the reporting of delinquents and food handlers was attached without more cost. Monthly clinic report forms were revised for the purpose of obtaining the statistical material more accurately.

At the various clinics and treatment stations indigent cases of syphilis and gonorrhea have been treated in very large numbers as has been the case for the past three years. At least one large municipal clinic in the state refused for the first time to treat out-of-town indigent venereal disease cases, this being done because of lack of appropriation and over-crowded conditions.

At the 1933 session of the Legislature, a bill was submitted to the Senate requiring premarital examination for venereal disease. The bill required registrars to be in possession of a certificate of freedom from any venereal disease signed by a licensed physician, in addition to a negative blood Wassermann and Kahn from an approved laboratory at the time the marriage license is issued. The bill was finally defeated 16 to 15 after being at one time a tie vote of 14 to 14."

Connecticut—New Haven Social Hygiene Committee.—No activities are reported by the New Haven Social Hygiene Committee. Social hygiene efforts are continued in the clinic and in other community programs.

Delaware—State Board of Health, Dover.—"There are at least two particulars in which some additions have recently been made to the anti-venereal disease work being carried on in the State. For some years the State has been conducting clinics at which treatment might be obtained but it has realized that the distances between these clinics are such that many persons who desire and need treatment find it

practically impossible to obtain it. Accordingly, arrangements were made for the payment of local practitioners who would undertake to give treatment to indigent patients living outside what might be considered a clinic radius. Physicians are to be paid at the rate of \$1.00 for intravenous injections, and 50 cents for intramuscular injections and urethritis treatments. This schedule includes the cost of medicines. Proper case-reports must be rendered the State Board. The second development is the employment, as a part of one of our C.W.S. projects, of a nurse for the special duty of venereal control work in the City of Wilmington. The duties of this nurse include attending all clinics,—these clinics being a part of the outdoor departments of the city hospitals,—and working in conjunction with the social service departments of these hospitals, especially to bring about the return for treatment of all who the clinic director reports have been insufficiently treated. We hope for good results to follow in both of these lines of endeavor.’

District of Columbia—Health Department, Washington.—The work of the Department in social hygiene has continued along the same lines as in 1932. The remodeling of the building to house the Tuberculosis and Venereal Disease dispensaries was accomplished, and the two dispensaries thus separated are operating very efficiently. The venereal disease attendance is increasing each month. This increase in patients is believed due to a greater number of persons unable to pay for treatment, and not necessarily to an increase in the incidence of the diseases.

District of Columbia—Social Hygiene Society of the District of Columbia, Washington.—“Due to a one-half million dollar shortage in voluntary gifts to the Community Chest’s campaign for 1933 funds, and to the public demand for the expenditure of a major portion of the Chest’s budget on so-called ‘direct relief,’ social hygiene saw its estimated budget drastically cut. Despite this financial shortage, however, the Society carried out a balanced program though limited in many ways. The following paragraphs summarize our major activities of the year:

In the Health Field. Specific information on the prevalence and hazards of syphilis and gonococcus infection was given to upwards of 5,000 persons by the Society’s lecturers. Many of these lectures were presented to industrial workers in their own plants through cooperation of the employers. As a supplementary service, copies of an article on the cost of venereal diseases to industry were sent to executives of all industries employing one hundred or more persons. Data, statistics and reports on questions of prevalence, annual attack rate, the menace of congenital syphilis, need for comprehensive social service follow-up work and other related problems were furnished to physicians and to interested Congressional leaders.

To serve as a clearing-house for venereal disease information it was found necessary to study the facilities, personnel, fees, routine, and

follow-up of the official and hospital clinics in the District. This study, carried on by a group of physicians and trained social service workers, is now being summarized for presentation before clinic chiefs and physicians.

A two-day institute for graduate nurses and those in training was given at Freedmen's Hospital in cooperation with the hospital faculty and that of Howard University Medical School.

Though carrying on no diagnostic nor treatment services, the Society has had individuals referred to it from welfare agencies, ministers, physicians, and members, where medical as well as social treatment has been indicated. Here our liaison with the Medical Society, clinics, and Health Department has been most useful in securing prompt and efficient adjustments.

As an example we might cite a lecture at the Salvation Army Emergency Lodge, attended by upwards of 300 men, many of whom are transients with histories of present or past venereal infections. This problem was outlined to the health officer the following day and he promptly agreed that 'if they are infected and in the District, we will treat them.' Such a policy means public health protection for the District and a humane attitude towards indigent sufferers.

Lest anyone believe that the Society's entire efforts in the health field are devoted to venereal disease control it is only fair to call attention to its health promotion work. In lectures and conferences constant emphasis has been placed on *health* as opposed to disease. The biology and physiology of sex have been discussed with many groups, school, university, parent-teacher, church and others, in an effort to secure routine scientific consideration rather than the isolated, uninformed, and highly emotional type of discussion which so often has been their lot in the past.

In the Field of Protection. The Society's Committees on Protective Social Measures and on Legislation have worked hand in hand on several projects. In addition the Committee sessions have been forums for the study and advancement of such community needs as adequate probation personnel, wayward-minor legislation, raised standards of juvenile court administration and organized efforts against commercial prostitution.

After long study and consideration of the need for adequate illegitimacy legislation in the District, three bills are in course of drafting for early promotion. The Corporation Counsel is studying prostitution legislation with the view towards strengthening the District's legal defenses in this sector.

Although primarily a health research project the joint study by the United States Children's Bureau and the Society regarding children kept from school because of venereal disease infection furnished the basis for a meeting of official and voluntary agency representatives wherein plans were initiated to better guard the rights of these children, both health and educational.

Other work of these Committees included confidential studies and

reports on pseudo-scientific motion pictures and lectures in the social hygiene field, and cooperation with other agencies in such efforts as the institute on social jurisprudence, the conference on protection of marriage and the home, a study of adoption and placement legislation and other activities related to some aspect of the Society's program.

The Society played an influential part in the fight against taxi-dance halls. This campaign, led by the Social Hygiene Committee of the District League of Women Voters, resulted in a decision by the Commissioners to abolish this menace. Since that decision an ordinance has been passed to prevent the future establishment of taxi-dancing in the District.

Acknowledgment is due to the United States Children's Bureau; Social Hygiene Committee, League of Women Voters; Social Service Committee, Washington Federation of Churches; and other agencies and individuals who have played such helpful roles in the protective and legislative endeavors of the Society. Mention also should be made of the contribution of Professor Frederic M. Thrasher at the Society's Annual Meeting. His suggestions for a program of 'gangster preventives' have stimulated several juvenile protective and recreational projects.

Apart from its other functions, the Legislative Committee has rendered most effective service in securing needed appropriations for the Social Hygiene Clinic of the District Health Department.

In the Field of Education. Educational lectures were given to academic classes, professional groups, parent-teacher associations, religious leaders, and others during the year. The Society's lecture staff reached more than 5,000 members of these bodies in the twelve months covered by this report. Thanks are due to the lecturers both on health and on the sociological and sex-educational phases of the program. Among those whose services should be noted are Doctors White, Stokes, Kittredge, Coale, Oppenheimer, Mrs. Elwood Street, Miss Rhoda Milliken, Miss Alida Bowler, and Franklin O. Nichols of the National Association.

The executive secretary, Ray H. Everett, lectured at George Washington and Howard Universities; Wilson Teachers College; Powell and Langdon Junior High Schools, and to many audiences of ministers, social workers and church groups of young people. He also conducted a semi-monthly discussion class for Negro educational leaders who have had much preliminary training in the philosophy and facts of social hygiene. He gave a course of four lectures to the 24 teachers at Terrell Junior High School.

Conferences have been held with university and school authorities with the objective of securing continuity and integration of new social hygiene material in routine courses. Similarly, encouraging progress has been made in cooperation with the Washington Federation of Churches, the January, 1933, Conference on Marriage and the Home having proved so successful that a second one is being planned for an early date in 1934.

All of these educational efforts have stimulated the use of the Society's library for lay reading and for reference material. Special book lists were prepared for and distributed to physicians, teachers and ministers. And many students, parents, social workers and educators have called for consultation on personal or community social hygiene problems. It is gratifying to note that most of these individuals seeking advice have been referred to the Society by their teachers, physicians, ministers or by agencies such as the United States Children's Bureau, District Health Department, Travelers Aid Society, Salvation Army, and United States Public Health Service. Though the Society's lectures and academic courses make up its largest contribution to Washington's social welfare program, the case work with individuals still meets a need not covered by any other community agency.

Some Projects Contemplated for 1934

Health. Improvement and extension of medical social service and follow-up. A venereal disease institute for nurses and social workers, and a meeting with the District Medical Society when Dr. Thomas Parran, Junior, will speak on *The Problems of Congenital Syphilis* (January 10, 1934). Provision of a social hygiene program and non-medical personnel for the District's Transient Relief Administration. Continuance of industrial health lectures. Stimulation of the use of prenatal facilities by expectant mothers. (Existing facilities are not sufficiently patronized because far too few girls and women have been educated to their value.) Continuance of study of venereal disease incidence, treatment facilities and related items, and publicity directed towards increasing public understanding and backing for venereal disease treatment and preventive efforts. (This work is still greatly handicapped by lack of courageous, aggressive, and intelligent support from newspapers, magazines and radio.)

Protection and Legislation. Promotion of strengthened legislation for the protection of the child born out of wedlock. Cooperation with other interested agencies in securing better adoption and placement legislation. Promotion of new legislation and coordination of administration to better cope with commercialized prostitution. Stimulation of interest in, and appropriations for, more effective social service follow-up by the clinics under Health Department jurisdiction. Cooperation with such agencies as the Civic Affairs Committee, Washington Federation of Churches; the Northeast Boys' Club; the Monday Evening Club; and others interested in improving environmental conditions.

Education. Continuance of lecture courses for teachers, and popular lectures to parent-teacher, church organizations, civic and social clubs, and other lay groups. Continuance of advisory services to the Department of Education in its efforts to consolidate gains in the curricular use of social hygiene material. Conducting of a series of individual and group conferences with Washington's educational executives, both central administrators and school principals, to dis-

cuss with them the philosophy, method, and content of their social hygiene inclusions. Continuance of reference and extension library service, including provision of unit loan libraries for schools, churches, mothers' clubs, *et al.* Cooperation with the Washington Federation of Churches in the holding of the 1934 Institute on Marriage and Home Conservation.

Though not primarily a case-working agency, the Society plans to continue and, if funds permit, enlarge the scope of its marriage-counseling and other direct advisory services to individuals applying for them."

Florida—State Board of Health, Jacksonville.—"During 1933 the Florida State Board of Health distributed 4,235 pamphlets dealing with social hygiene and venereal disease control, and approximately 2,000 ampoules of neoarsphenamine for the use of physicians in treating indigent syphilitics. An institute for Negro physicians was held in Jacksonville in October by Dr. Walter Clarke of the American Social Hygiene Association in cooperation with the State Board of Health. Ten Negro doctors registered for the institute and nine local specialists participated. By lectures and demonstrations, the methods of diagnosing and treating the venereal diseases were taught.

There are one county and two municipal venereal disease clinics in operation in the state, and the two county health units include control measures in their program. One, the Escambia Unit, supervises the city-county clinic for indigent sick in which venereal patients receive treatment.

The Bureau of Child Hygiene in the State Board of Health is holding institutes for midwives in the course of which each midwife has a blood test for syphilis and this is followed up so that treatment is provided where needed. The midwives are required to use silver nitrate in the eyes of the new-born and are pledged to use their best effort to see that the expectant mothers they are engaged to attend have blood tests.

The State Board of Health laboratories test annually about 100,000 blood specimens for syphilis and 12,000 smears for gonococcus infection.

There is no specific appropriation for venereal disease control. It would require an expenditure of \$25,000 yearly to make a substantial start on a worth while program consisting of an educational campaign, establishment and maintenance of cooperative treatment clinics for indigents, and assistance to local officials in law enforcement. Even a smaller amount could be used to great advantage. The influence of out-of-state and voluntary agencies is needed to create interest and secure an appropriation."

Florida—Social Hygiene Council, Jacksonville.—The Council has continued to function during the year and has cooperated with the other state health and welfare agencies in promoting social hygiene activities. Mrs. Wood of the national staff made two visits to the

state; one during the month of April and the other during the period November 15th to December 15th. In both these cases a comprehensive program was arranged by the State Congress of Parents and Teachers with the Council cooperating in special engagements.

Georgia—State Department of Public Health, Atlanta.—"The general program in social hygiene in Georgia for 1933 has not changed. We emphasize largely the education of young people; that is, from the freshmen classes in college down to the elementary and pre-school groups. We have had a number of meetings with the parent-teacher associations, and have done some pre-school circle work on the question of social hygiene. We have also been advocating courses in parent-hood. The Women's Auxiliary of the State Medical Association is very interested in this subject, as well as in venereal diseases. There seems to be no question but what the people are interested in and are asking more about this problem than ever before.

The usual annual venereal disease clinic was held in Atlanta in connection with Emory University Alumni. This clinic has been carried on since 1920. We usually have an attendance of from 200 to 350 doctors.

In 1933 a record number of specimens of blood were submitted to our Wassermann laboratory, in round numbers 51,000. These specimens are about 20 per cent positive. In connection with a recent investigation of the turnover in the tuberculosis clinic and the tuberculosis sanatorium for Fulton County, an examination of 2,218 specimens of blood showed 410 positive for syphilis, 18.5 per cent. If this is a general finding throughout the country, it seems important that all tuberculosis clinics should first make a search for syphilis before sending the patients to sanatoria.

The Department has utilized the mail extensively for educational purposes during the year, the most recent communication being addressed to judges, solicitor generals, newspapers, and local registrars. With an enclosing letter was sent literature on venereal diseases giving their incidence as compared with other diseases, also the general statement issued from Washington, *What the People Must Know*. Other similar educational measures have been carried out.

It is difficult to give an opinion that is worth anything as to the increase or decrease in the venereal diseases. It is believed, however, that there is no question that crowding people into small houses, perhaps more than one family with children in the same house, will tend to an increase in infections. One of the greatest needs under present economic conditions is supplying free treatment to the indigent. This is not being done. On the other hand, the young men who have been employed in the Civilian Conservation Corps are dishonorably discharged from the service when they contract a venereal disease. Of course, they have no money to have treatment administered. A few exceptions, perhaps, have been made to this rule."

Georgia—Georgia Social Hygiene Council, Atlanta.—"The Council has no striking report to make, however, we have tried to do what we could. During the year several addresses have been made with respect to the social hygiene situation in our State. Efforts have been made to interest people in them. We feel that some progress has been made in this direction. The Council undertook to promote so far as it could the showing of the film *Damaged Lives*. We felt that the purposes of the film warranted in every way the effort to promote it. In this we were not disappointed.

Plans are under way for a short conference to be held probably some time in February or the early part of March. We hope through it to bring to the attention of the public the significance of the issues involved in the presence in the State of multitudes of cases of folk with venereal diseases who are beyond reach of any public agencies under existing conditions. All the members of the Council regret that due to the fact that many other duties have to be performed, no one is able to give to the movement the time and effort it deserves. However, we are trying to educate a future group which we hope will take some more significant steps than have we."

Idaho—State Department of Public Welfare, Boise.—"There are no social hygiene activities conducted as a state project. All such activities are sponsored by local communities of which we have no complete report."

The Douglas County Health Council, a layman's league of Boise, representing the outstanding health and educational and welfare group of the county interested in health, is working out a program which includes social hygiene. The State Congress of Parents and Teachers has been much interested in educational efforts, giving social hygiene a prominent part on its convention program last spring.

Illinois—State Department of Public Health, Springfield.—"The Division of Social Hygiene is now combined with the Division of Communicable Diseases, effective July 1, 1933. As to outstanding activities for 1934, the Laboratory is planning a new program permitting the early diagnosis of syphilis whereby specimens for dark-field examination may be taken and sent in by mail or messenger to the Laboratories of the Department for examination. In the near future, the Laboratory will also make the Kline Test available to physicians throughout the country. It may also be of interest to state that last year the number of cases of syphilis exceeded by a wide margin the number of cases of other diseases. No less than 19,434 cases were reported, and it is estimated that the cases reported were far from complete. There were 500 deaths attributed to syphilis alone in 1920 and 506 in 1932. During that period, the population increased by more than one million, about 17 per cent. Combining syphilis with locomotor ataxia and general paralysis of the insane,

we find that the rate of 18.8 per 100,000 population in 1920 declined to 12.8 in 1932, or 32 per cent, as in table below:

MORTALITY ATTRIBUTED TO SYPHILIS

	<i>Syphilis</i>	<i>Locomotor Ataxia</i>	<i>General Paralysis of the Insane</i>	<i>Total</i>	<i>Rate*</i>
1920.....	500	152	586	1,238	18.8
1921.....	509	164	570	1,243	18.9
1922.....	480	145	573	1,178	17.4
1923.....	542	122	472	1,136	16.5
1924.....	614	128	350	1,092	15.7
1925.....	494	148	573	1,215	17.0
1926.....	509	137	590	1,236	17.2
1927.....	389	130	530	1,049	14.3
1928.....	441	130	500	1,070	14.4
1929.....	459	107	509	1,075	14.3
1930.....	475	100	485	1,060	13.8
1931.....	484	97	499	1,080	13.9
1932.....	506	78	424	1,008	12.8

* Per 100,000 population.

Under the auspices of the Division of Child Hygiene and Public Health Nursing of the State Department of Public Health, Mrs. Wood of the staff of the American Social Hygiene Association, spent six weeks in Illinois in promoting a more active social hygiene program. Among others the following cities were visited: Springfield, Vandalia, Sandoval, Mt. Carmel, Harrisburg, Centerville, Rock Island, Moline, Cambridge, Kewanee, Bloomington, Belleville, Peoria, DePue, Farmington, and Galesburg. Talks were given before civic groups, school students, parent-teacher associations, church organizations, nurses, and many others, with the expectation resulting that eventually new State and community social hygiene groups will be developed in Illinois.

Illinois—Illinois Social Hygiene League, Illinois Social Hygiene Council, Chicago.—"Like all other agencies engaged in social work, we have felt heavily the effects of the hard times. We had absolutely no funds for outside educational work, and have had to cut out this phase of our activities, although we feel that never before has there been as great a need for such work.

We have, however, increased our efforts with our individual patients. We are now making it a point to see each individual as soon as diagnosis is made and to talk over with him the problems confronting him. We are convinced that this individual case-work is responsible for the fact that our patients stay under treatment so long and continue treatment so regularly. In a study of all new cases admitted to the clinic from January 1 to June 30, 1933, it was found that the following percentage of regularity of attendance prevailed, based on the number of times each patient was supposed to attend: Gonorrhea, male 68 per cent, female 67 per cent; syphilis, male 77 per cent, female 71 per cent; all, 70 per cent.

Through educational and social service work we have been able to bring in a large number of marital partners and have been able to get many of the patients, especially among the younger groups, to bring in persons involved in clandestine relationships. It is most encouraging to find out how active our patients are in spreading the knowledge of sex-social hygiene among those with whom they are in contact and from whom they may even have contracted the infection.

Because the Federal and private agencies dealing with relief realized the need of regular and continual medical care for their clients, aid was given us, as one of the accredited clinics, in return for the free treatment of patients referred to us by them. This has enabled patients to keep up their regular treatment and to build up their health so that now, when work is opening up for many of them, they are in good physical condition and are quite able to do the jobs offered them.

A large number of patients are now going to the newly improved Municipal Health Department. While their clinic has facilities for handling large numbers of patients, we believe that younger people should go to a clinic where more individual work is done, not only treatment, but preventive work as well. The agencies with which we are working agree with us on this point and are making every effort to send to us young people who are not hardened or experienced, those who have been infected or exposed for the first time, boys and girls who, through some misfortune, have contracted a disease, young married folks into whose lives the problem of infidelity has come for the first time,—cases which need not only treatment but the care, understanding and education which few clinics are equipped to give. We hope that we may be able to secure additional funds for this work.

Our Pre-marital, Marital and Parental Consultation Service has continued in a very satisfactory manner, although our facilities are not adequate to meet the growing demand.

We have resumed our Social Hygiene Council meetings because of the demand on the part of many agencies who missed the regular discussions we held. We feel that it is of great importance to have a group of people affiliated with social welfare and educational agencies meeting regularly for collective thinking about and discussion of social hygiene problems.

The old jail, Lawndale, has been closed. This was formerly the lock hospital in which women, brought into the courts on one charge or another and found to be infected with venereal diseases, were incarcerated. To deal more fairly with these cases, a Woman's Court has been established in our Municipal Court system, and a Public Defender has been appointed. While the Social Service Department of the Municipal Court has been very hampered in its activities, they are slowly developing valuable contacts with the regular court procedure. We have worked closely with the Joint Committee on the Woman's Court, and it is our hope, as this court adjusts itself better to the requirements, it may make more valuable contributions.

Turning to statistics from the Medical Department, we find that 75,688 treatments were given for the first eleven months of the year. For the first ten months the average number of treatments per month was 6,963; the average number of patients treated each month was 1,193; and the average number of treatments per patient each month was 6. Data about new cases is shown in the table below:

NEW CASES, FIRST TEN MONTHS, 1933

Diagnosis	Sex	Total	Under Fourteen Years	Over Fourteen Years					
				Marital Condition					
				Total	Single	Married	Widowed	Divorced	Separated
Gonorrhea	M	556	..	556	424	89	6	13	24
	F	85	7	78	25	34	2	6	11
Syphilis	M	165	3	162	82	56	10	3	11
	F	155	6	149	24	73	10	13	29
Totals		961	16	945	555	252	28	35	75

The figures from the Educational Department show the great decrease in our work in that line. While we could not send out speakers, however, many groups asked for talks and came to our offices for instruction. We majored with small groups, training them especially for leadership among their larger affiliations. A good deal of time was spent in the training of the chairmen of social hygiene committees in the Illinois and Cook County Leagues of Women Voters. For this work regular study classes were held.

Among the groups coming for consultations were professors, students, health officers, social workers, from Chicago, Illinois, and other parts of the country. They were glad to study our methods and procedures in the four departments of our work: medical, educational, social service, and marital consultation. In all, 151 lectures were given, and the approximate audience reached was 12,000; and 576 individual consultations and conferences were held.

Next year, we are planning to work with hundreds of the social case-workers in the relief stations. Through this extra training each station will have someone who has a more comprehensive knowledge of social hygiene as it relates to their work with individuals and families. During the early spring we are planning a course for teachers."

Illinois—Juvenile Protective Association, Chicago.—"Outstanding activities for 1933 have included: (a) Re-organization of the Morals Court as the Woman's Court of Chicago; (b) Passage of an ordinance licensing all dancehalls and schools, and an amendment giving the licensing department even more control than the original ordinance. Cooperation has continued with the police in the control of dancehalls and schools through the submission of all applications for dancehalls to the Juvenile Protective Association for comments and suggestions to the Commissioner of Police who passes on the applications; (c)

Organization of a special committee on Protective Service in relation to the Century of Progress, with special funds allocated to the Juvenile Protective Association and the Committee of Fifteen for this work. This made possible having the services of members of the staff of the American Social Hygiene Association during the summer. This also enabled us to have the most efficient and adequate investigation of prostitution and certain places of commercialized recreation that we have had in Chicago for several years; (d) Organization of a special committee on Protective Service in Chicago under the Family Welfare Division of the Council of Social Agencies of Chicago, with Mr. Harrison A. Dobbs as chairman; (e) Defeat of an attempt to appoint a most inefficient man as Referee of our Juvenile Court (a political appointment); (f) Participation in work of the Motion Picture Research Council. Final reports published this year, and efforts made to carry out certain of the recommendations through the proposed code; (g) Permit for the showing of *Damaged Lives* was obtained from the Chicago Censorship Board.

We do not feel that we have the facts in relation to our general social hygiene situation in Chicago now as we formerly had, or that we are making as much progress in education or in the control of certain conditions. This is probably due to the depression, which has brought a necessary emphasis on relief organizations and all other organizations. The past year has been the most difficult year so far to keep up contributions and there is little hope that 1934 will be better.

We plan for 1934 activities including: City and State regulation and control of the sale of liquor in recreation centers, especially dance-halls. More efficient and adequate investigation and prosecution of those responsible for commercialized prostitution. Organization of local community groups in neighborhoods where prostitution is prevalent. Protective work in relation to the 1934 World's Fair, both on the grounds and in the city. Development of social work in the Woman's Court, especially in relation to women and girls brought in as prostitutes. To develop again our plans for a central house of detention for all women offenders, using the old Juvenile Detention Home. To attempt again to organize a Policewoman's Bureau. Reorganization of the Adult Probation Department with qualified social workers. To protect the staff of institutions for girls and women offenders, Geneva State Training School and Dwight Reformatory, from political appointments. Intensive work in our new Committee on Protective Services in Chicago, with an appraisal of work being done by our existing "protective agencies", our needs, and a much better appraisal of what our conditions are in Chicago. More publicity through the press, to educate the public generally to gain understanding of conditions and needs; a classification of our goals and standards, moral and financial support for our efforts. Protection of our Juvenile Court from politics. Building of a hospital annex to our Juvenile Detention Home, for adequate isolation and treatment.

As to the national program in 1934, it is suggested that there exist

a closer and more intensive cooperation with local communities through cooperative projects, conferences in which members of the staffs of the national organizations participate, more general publicity on the need for the social hygiene programs, especially through the newspapers which are read by people who never see our reports and our professional publications, development of social hygiene councils, such as the one in Chicago. The American Social Hygiene Association should assist in every possible way in organizing local groups to carry out recommendations of reports of the Motion Picture Research Council.

In all these comments it should be kept in mind that many of the activities, accomplishments and plans of the Juvenile Protective Association are jointly worked out with other organizations and committees and groups, and do not represent by any means the result of its work only. More and more in Chicago, we work through these joint groups representing religious, civic, social work organizations, and public departments."

Illinois—Committee of Fifteen, Chicago.—At the beginning of 1933, the Committee of Fifteen reports, 118 vice resorts were known to be in operation. During the year 624 new places were found. Of the total, 608 were closed as compared to 470 in 1931 and 687 in 1932. Regarding the location of the resorts the Committee further reports that no significant change occurred in the general area in which such places were situated.

The World's Fair, however, evidently did affect Chicago's prostitution problem. In the immediate vicinity of the fair grounds a marked increase in street soliciting was apparent. Certain small hotels in the Loop which during 1932 did not cater to prostitution in the summer of 1933 were rather openly identified with it.

The Committee forecasted in 1932 that the total volume of commercialized prostitution in Chicago would increase in 1933 to a point approximately 60 per cent above the 1932 level. In preparation for this development the Committee cooperated with other organizations in a program promulgated by the Council of Social Agencies. Arrangements were made for two independent surveys by the American Social Hygiene Association prior to the opening and during the World's Fair. The first of these studies confirmed the reports of the Committee in that it disclosed further open operation of resorts in the old segregated district.

The Protective Committee of the Council of Social Agencies brought these facts to the attention of the police.

The second general investigation in 1933 made during the time the Fair was in progress made clear that the program worked out by the Protective Committee on the basis of the earlier investigation in which the police were to be held responsible for prompt and effective action against resorts was not producing results. When these facts were known a procedure was devised by which reports would be delivered immediately to the police and checked promptly thereafter. This program of action was continued throughout the remainder of the

period of the Fair. It appears to have been effective, since from September through December 174 new resorts were found while during the same period 211 resorts were closed.

Indiana—State Division of Public Health, Indianapolis.—"At the beginning of our State's Fiscal Year, July 1, 1933, State financial aid was withdrawn from all the Public Health Venereal Clinics in Indiana. It is hoped, however, that in the near future a plan may be drawn up by a committee representing the Indiana Division of Public Health and the Indiana State Medical Association, pertaining to the treatment of indigent infectious venereal disease patients. Cooperation is sought by the State with the organized medical profession and with local health departments. A solution may be worked out which will bring about unity in this much discussed subject of public and preventive medicine vs. curative medicine.

The following figures give a brief resumé of the activities of the Bureau for the fiscal year ending June 30, 1933.*

VENEREAL DISEASE CLINIC REPORT

(Public Health Venereal Clinics in Indiana operated by local Health Departments)

Number of cases never previously admitted.....	3,273
Total number of old cases and readmissions under treatment during year	5,875
Number of cases discharged as arrested or cured.....	2,108
Number of cases discontinued treatment without permission.....	2,227
Total number of cases remaining under treatment for year.....	4,813
Number of male syphilitic cases remaining under treatment for year...	2,697
Number of female syphilitic cases remaining under treatment for year..	1,985
Total number of syphilitic cases remaining under treatment for year...	4,682
Total number of treatments during year.....	125,206
Total number of visits to clinic for treatment, examination or advice....	142,819

STATISTICAL REPORT

Total number of cases reported by physicians, hospitals, clinics, etc.

Syphilis.....	2,105
Gonorrhea.....	891
Chancroid.....	27

INVESTIGATOR'S REPORT

(Including investigations conducted by Investigators employed through local Health Departments)

Number of venereal disease cases investigated during year.....	2,508
Number of letter notices mailed to delinquent patients.....	687
Number of contact visits during year.....	3,374
Number of non-contact visits during year.....	2,897
Number of patients quarantined during year.....	327
Number of patients prosecuted for discontinuing treatment during year..	4
Number of venereal cases transferred to Health Departments:	
Intrastate.....	246
Interstate.....	128

* Nine months, October 1, 1932-June 30, 1933. Changes in fiscal year period occurred with the reorganization of the State Government in 1933.

Number of venereal cases transferred to private physicians.....	107
Number of venereal suspects referred to Health Departments for investigation:	
Intrastate.....	120
Interstate.....	87

Several hundred inquiries have been received from the general public, private physicians, city, county and town health officers, city and county attorneys, and county nurses who were seeking information about the laws, rules and regulations for the control of persons infected or reasonably suspected of being infected with these diseases. Numerous personal interviews were also held in this office, which is indicative that the citizens of our State are intensely interested in the control and prevention of the venereal diseases.

Additional educational activities included circularizing State benevolent, charitable, penal and reformatory institutions, county infirmaries, children's homes, county general hospitals and city hospitals throughout the State of Indiana, requesting them to cooperate with this Department by sending venereal disease confidential report cards to this office for all venereal patients. Prompt replies were received to most of this correspondence. During the year there were 12,613 pamphlets distributed; 10,616 were mailed upon receipt of 194 requests and 1,997 were mailed to 161 people on our own initiative.

As to the general social hygiene situation in this State, a probable increase in the prevalence of venereal diseases is expected because of the economic business depression. The State Public Health Division has encountered additional difficulties, as most cities, counties and towns have reduced their health budgets for the control of communicable diseases. Although these reductions in health appropriations were opposed by the Indiana Division of Public Health, the tax payers in general requested and insisted upon curtailment of governmental expenses.

During the year 1934 we intend to try to secure better cooperation from private physicians through the assistance of local medical societies for the prevention and control of venereal diseases. Through the representatives of these societies we also intend to disseminate additional educational information on the subject of social hygiene. The treatise on the treatment for indigent venereal patients is soon to be published, and it is to be distributed by this Department to physicians throughout the State of Indiana.

If we are to prevent the widespread prevalence of venereal diseases, the medical and educational phases of the national campaign must be continued. A definite program could perhaps be outlined by the national association for the medical care of indigents in cooperation with state and local medical societies. If arrangements could be made whereby states could receive Federal aid when it would meet with the approval of state medical societies, it would enable city, county and town health officers to formulate plans in their own community. This

would appear to be a very valuable reconstruction program, as many taxing units are now unable to appropriate a sufficient amount of funds for their public health problems. Certainly these accomplishments, insofar as venereal disease control work is concerned, would speak for themselves, as it is a well-known fact that adequate medical treatment for indigent infectious venereal patients is about the only protective measure from a public health standpoint that can be safely carried out by health officers. Since medical treatment for infectious venereal patients is an emergency, a comprehensive treatment program cannot be fulfilled if we fail to relieve the taxing situation by assisting those who have defaulted payment of local taxes."

Indiana—Indiana Tuberculosis Association, Committee on Social Hygiene, Indianapolis.—This Committee, formed early in 1933 to study the social hygiene situation in the state and consider how and whether a social hygiene program should be developed, has not yet reached any conclusion. It is planned to discuss the matter further at the annual meeting, which occurs in April. With sixteen other state and community agencies, the Indiana Tuberculosis Association sponsored a social hygiene regional conference held in October, in which the national association participated, and which helped to stimulate interest locally.

Iowa—State Department of Health, Des Moines.—No special report received for 1933 but it is understood that work has been continued along the same general lines as described especially in the February 1933 JOURNAL OF SOCIAL HYGIENE.

Iowa—State Social Hygiene Committee, Des Moines.—"Of the parent-teacher groups in the State, 295 are presenting sex education in connection with study programs. Of these, 250 are under organized leadership, 27 are following the parent education program in regular parent-teacher association meetings, and 18 are using the social hygiene outline for two programs prepared by the Committee.

Student leadership conferences have been conducted in four sections of the State under the guidance of high school advisers with the expense borne by the parent-teacher associations. We regret that owing to lack of funds the conferences in connection with Iowa State College and University were not possible this year. We have tried to emphasize the need for trained boy and girl advisers in junior and senior high schools. However, there has been a decrease in this service. The State Association for Women and Girls is now conducting a survey to give us the facts of the situation. The State Medical Society has continued cooperation by supplying speakers without cost to organized groups. They report a radio talk on social hygiene, and a series of talks on the subject to a group of college students. Mr. Newell W. Edson of the American Social Hygiene Association visited the State in April, addressing community groups in six cities and conferring with key persons, in an effort to promote interest in the work of the Committee.

The Government program of individualizing by case-work method the poor relief of the State has been of inestimable value.

Our interest in state legislative action has continued, and a number of bills of interest to social hygiene have been under consideration,—a eugenics bill, a child labor amendment, and a bill to prohibit marathon endurance contests, and various liquor control bills.

We hope that a stronger organization of the State Committee may be accomplished this year. The Social Hygiene Committee of the State Parent-Teacher Association, as such, has been dropped, but the work will be carried under the Parent Education, the Child Hygiene, and the Character Education Committees, and the Student Leadership Conference."

Kansas—State Board of Health, Topeka.—"We have no special report to make for the State of Kansas, as we had no appropriation for social hygiene work, and, therefore, the division exists only on paper. Owing to the small appropriation by the last legislature for the purchase of arsphenamine for free distribution for indigent persons requiring treatment, we had to discontinue furnishing these November 1, 1933. During the past six months there has been an increase over the state in the number of persons who are applying for free treatment. Kansas City, Wichita and Topeka are still operating their venereal clinics for the treatment of indigent persons."

Kansas—Social Hygiene Committee of the Kansas Council for Health, Education and Public Welfare, Topeka.—"Little interest was shown in the Annual Meeting of the Council held last March in Wichita. The meeting the year before had been well attended, and much interest had been taken in all divisions of the work. Some seem to feel that the organization was too deeply mixed with State politics to be of much value, or survive very long.

As to the social hygiene activities of the Council, the Committee feels that there was much that could have been accomplished, but that funds were lacking with which to carry on the work. This was true of all the committees.

Social hygiene work is still being done by the Kansas Congress of Parents and Teachers. Much help has been received from the home economics teachers of the state, especially those who are directing that work.

The Kansas State College and the State Board for Vocational Education have included social hygiene in their programs for State meetings. It is also noted that some newspapers are not afraid of the subject of social hygiene. There have been some good newspaper front-page reports of several social hygiene talks given during the past year.

The Congress plans to carry on the educational program during 1934. We are stressing the need of more social hygiene books on parent-teacher bookshelves and in public libraries. Lists of books are

published from time to time in the *Kansas Parent-Teacher*, our State publication.

The American Social Hygiene Association is sending out splendid programs and we wish we were able to make better use of them. The book lists published by the JOURNAL OF SOCIAL HYGIENE have been very helpful to the Committee chairman. If we can interest people to the extent that they want to read and study for themselves, we feel the work has been worth while."

Kentucky—State Board of Health, Louisville.—"The State Board of Health of Kentucky, from the beginning of organized effort to bring venereal diseases under control, has recognized the situation to be a challenge to the general public health worker and, therefore, one to be integrated with all other public health activities. With this conviction, we have consistently promoted venereal disease activities as an integral part of every full-time health unit in the State.

Each of the 79 full-time county health units maintains a venereal disease clinic and promotes social hygiene education by public lectures and distribution of literature. Each county health officer has had special instruction in the proper care and treatment of these diseases. This has been made possible by having at the head of the Bureau of Venereal Diseases a trained specialist competent to give such instruction to health officers and selected physicians in communities where no health departments are maintained. From time to time, as finances and limited personnel have permitted, we have promoted new phases of this work.

Nominal pay clinics are maintained in all of the full-time county health units and those of the larger municipalities. Funds so collected are used to defray the cost of drugs. Endeavor is always made to work with the medical profession, and patients able to pay an acceptable fee are referred to private practitioners, who, in turn, refer to the clinics those unable to pay. In this way, any conflict of interest between the private practitioner and the public health clinic is avoided.

For the past two years, we have been placing special emphasis on the necessity of bringing under early treatment, either at the clinic or by the family physician, all expectant mothers known to have syphilis. At the same time, we have been stressing to physicians, particularly obstetricians, the importance of taking Wassermanns on *all* prenatal cases, thus revealing many cases of unsuspected infection and so insuring early and adequate antisyphilitic treatment, as well as proper postnatal care.

The protracted economic depression, with resultant widespread unemployment, has so crowded the clinics that it is almost impossible to carry on with the financial resources at our disposal. An imperative need is funds with which to supply arsenicals and other drugs to practicing physicians in selected communities. The incomes of physicians, as is generally recognized, have been so diminished during the

past two or three years that they are now unable to care for many patients who, in more favorable times, were able to pay fees at least sufficient to cover the cost of medicines. These patients, in many instances, are too proud to go to a public clinic. Some comprehensive arrangement should be made to furnish arsenicals to selected general practitioners who would be glad to administer antisyphilitic treatment gratis to indigent patients. This would bring under treatment many thousands of cases that are now spreading disease particularly among the rural population. It is an indisputable fact that the economic depression has a very definite tendency to drive into public or clandestine prostitution young women who, under normal conditions, would not consider such a means of gaining the necessities of life. This is a serious problem and should be met with the same vision and promptness with which other similar economic problems are being handled by Federal, state and local governmental agencies."

Kentucky—Social Hygiene Association of Kentucky, Louisville.—"Because of limited funds, the activities of the Association in 1933 consisted chiefly in distribution of literature, the stimulation of interest in our 40 social hygiene sections in the public libraries of the State, and bulletin and radio publicity. Reports show that 890 books from 37 of these sections were read in 1933. The other three sections are in large city public libraries (as in Louisville) where the material is distributed to the readers through several departments and is in constant use. Ten volumes and a set of pamphlets are included in each section.

The outstanding activity planned for 1934 is the organization of a Better Films Council in Louisville, with the active cooperation of all men's and women's organizations, civic, fraternal and religious. There is a splendid outlook for success in connection with this Council, as the Social Hygiene Association has worked constantly during the past three years to build a solid foundation for its activities."

Louisiana—State Board of Health, Social Hygiene Association of New Orleans.—"Among the outstanding activities of our organization during the past year have been the educational lectures given on different phases of social hygiene. The lectures are given by a voluntary committee which includes a group of outstanding people of the community. Thirty-one lectures have been given to Mothers' Clubs of the public schools, two to parochial schools, one to groups of Tulane students, one to the Louisiana State University student body, three to Salvation Army groups, five to a group of young colored students, one to the Laymen's League of the Unitarian Church, one to the Jewish Women's Council, one to New Orleans district nurses, two at the Tulane Summer School, three to the Tulane School of Social Work, and one to a club at the Young Men's Christian Association. Thousands of people have been reached through these lectures. As a result of our activities, Tulane University has included in their

curriculum a series of lectures on social hygiene to freshmen in all departments.

Through the generosity of the Louisiana State Board of Health, some pamphlets on sex education have been purchased and are given away free on request. A great many pamphlets on venereal diseases have been sent out, including 600 to 27 Civilian Conservation Corps camps in the state. Altogether over 12,000 pamphlets have been distributed.

A colored executive committee of our organization has been formed during the past year, with Mr. Dent, superintendent of Flint-Goodridge Hospital, as Chairman. An institute for colored people was held, conducted by Mr. Franklin O. Nichols of the American Social Hygiene Association, and Dr. Roscoe Brown of the United States Public Health Service, and we feel that a remarkable piece of work was accomplished. The program was designed to reach the schools and colleges, the industries, churches, social workers and public health nurses, and persons interested in becoming lecturers in social hygiene. Over 11,000 people were reached in the four weeks and there were 14 film showings to 2,529 people. It is hoped that very lasting good will come out of this and a regular social hygiene program for colored people will develop. Mr. Dent gave invaluable assistance to Mr. Nichols and Dr. Brown. The national association and the Public Health Service through their representatives are to be commended for the fine piece of work done."

Louisiana—Baton Rouge Social Hygiene Committee.—No activities are reported by the Committee for 1933, due no doubt to the death of the chairman, Mrs. Mary L. Gladney, which occurred recently.

Maine—State Department of Health and Welfare, Augusta.—"Decreased personnel and appropriations have reduced educational work of the State Bureau of Health of Maine during the year 1933 to small proportions. The requests of physicians in general for drugs and other supplies to be used in the care of indigent cases of syphilis and gonorrhea has increased very much. The cooperative work between the newly aligned Bureau of Welfare and Bureau of Health has made necessary a large amount of case-work in the control of these diseases, and has shown the worth of the joint activities of the two Bureaus in that much valuable work otherwise impossible has been accomplished in the social hygiene field. It is evident that the work for the coming year must continue along the same lines with restricted personnel, and practically without inclusion of educational work."

Maryland—State Department of Health, Baltimore.—"Venereal disease activities in Maryland in 1933 included eight venereal disease clinics conducted in Baltimore City and under the jurisdiction of Baltimore City Health Department, and 31 venereal disease clinics in 21 of 23 counties of the State which are under the jurisdiction of the State Department of Health, including one clinic in Baltimore City

in the House of Good Shepherd (for girls). There is no clinic in Prince George's County nor in Worcester County. The total number of new cases reported by the Baltimore City Clinics for the first eleven months of 1933 was 4,456; total number of new cases reported by the County Clinics for the first eleven months of 1933, 1,625; total number of treatments given in Baltimore City Clinics, 87,414; total number of treatments given in County Clinics, 48,721."

Through the Extension Division of the Department of Agriculture of the University of Maryland a series of lectures on sex education and training for marriage and parenthood was given by Dr. Valeria H. Parker of the American Social Hygiene Association, in connection with the rural short course.

A new and effective popular pamphlet *Fight Venereal Diseases with Knowledge* was issued by the Baltimore Health Department.

Maryland—Maryland Social Hygiene Society.—The Society reports that it has been inactive during the past year. It is pointed out, however, that conditions as regards law enforcement have improved in Baltimore, due to increased effort on the part of the Police Department.

Massachusetts—State Department of Public Health, Boston.—"The past year's activities have included: (a) Continuation of policy of contacting physicians as frequently as possible through the use of literature and personal office visits; (b) Continuation of the experiment with follow-up service for patients of private practitioners; (c) Adoption of minimum standards for the conduct of gonorrhea and syphilis clinics; (d) Continuation of radio broadcasting program; (e) Inauguration of full-time social service in the Brockton gonorrhea and syphilis clinic following its successful inauguration in previous years at Fall River and Lowell; (f) Cooperation with the Massachusetts Society for Social Hygiene in the promotion of the picture *Damaged Lives* which was shown to record-breaking audiences in Boston and which has been or is now being shown in many other Massachusetts communities.

It is not our impression that the general social hygiene situation in Massachusetts is seriously complicated by unemployment or inability to finance the work. The appropriations for this Department have not been curtailed in the past three years. The various clinics in the State are functioning about as usual and although most of the personnel have had salary reductions, the volume of patients handled has not had to be reduced nor, so far as can be determined, has it been found impossible to secure the necessary medication or other materials necessary to the conduct of these clinics. There has been some slight increase in new admissions over the past two or three years, but a far more important factor in the increased clinic attendance is the tendency on the part of patients to remain under treatment longer.

Questionnaires sent to the Boston Police Commissioner, to the Massachusetts Commissioner of Public Safety, to the Traveler's Aid Society, and to other agencies of this nature, last spring did not indicate any serious increase in Massachusetts in the transient unemployed.

The rather sharp decline in reports of gonorrhea and syphilis from physicians in 1932 is being projected somewhat into this year and may be due either to increasing failure on the part of physicians to report, or to inability of patients to seek medical care. However, the new admissions to clinics do not by any means make up for the decline in physicians' reports. Furthermore, a number of contacts with the entire medical profession in the State in May and June of this year resulted in an increase in reporting for five months which was in excess of any previous experience in the same months since 1919, which leads us to believe that much of the earlier decline in reporting is due simply to the failure to report.

There is no doubt that there has been more difficulty in securing funds and that there is some increased load in the clinics and some loss of patients by physicians because of the present economic situation. There is also no doubt that it is exceedingly difficult to inaugurate new services or extend very materially those which exist. On the other hand, it cannot be said that there has been any obvious backsliding in this field.

One optimistic note is the keen interest which the Neisserian Medical Society of Massachusetts is taking in its attempt to discover what it actually knows about the management of gonorrhea, and to pass on to the general profession that which can be agreed upon to be sound.

The present program will be continued in 1934.

It is believed that the national program might well concern itself especially with: (a) Some real emphasis on the control of gonorrhea; (b) With an analysis of the services rendered by the various states with a view to determining so far as possible what is sound and actually accomplishing something, with a further view to outlining a sound and well-rounded state program for the control of gonorrhea and syphilis. Such a survey should include a study of reporting systems, method, object and result; services to physicians, including laboratory services, arsenicals, etc., and post-graduate education in the management of gonorrhea and syphilis; treatment facilities for patients unable to pay a physician, including minimum acceptable clinic organization; (c) A plan for public information on a sound and growing rather than a flash-in-the-pan basis; and finally, (d) A scheme for the coordination of services of the many agencies in the community which should be engaged in one direction or another under the social hygiene program."

Massachusetts—Massachusetts Society for Social Hygiene, Boston.—
"Our program for 1933 has included the following:

I. *Educational Work.* Dr. Helen I. D. McGillicuddy, Mr. Lester W. Dearborn, and Dr. Rolf Lium continued as lecturers for the Society. Dr. McGillicuddy, Educational Secretary, gave the largest number of lectures, averaging one per day. Mr. Dearborn, who is part-time with our Society and part-time with the Boston Young Men's Christian Association, gave lectures to nurses, social workers, students of divinity schools, camp counsellors, as well as individual lectures to Young Men's Christian Association, Young Men's Hebrew Association, and church groups. Dr. Lium lectured principally to groups of younger boys at settlement houses and before similar organizations. Our lecturers in 1933 spoke to approximately 30,000 people. There seems also to be an increase in requests for individual assistance through private consultations.

II. *Monthly Bulletin.* During the year a referendum was carried on with those on the mailing list receiving our *Monthly Bulletin*. We were agreeably surprised that most of those receiving the *Bulletin* desired to have it continued. The *Bulletin* is now sent to 1,749 persons each month except during the summer. Included in the list in addition to interested individuals are libraries, hospitals, newspapers and departments of health.

III. *Literature.* The popularity of our pamphlet *Growing Up in the World Today* continued through 1933. A second printing of 10,000 was necessary and most of these have been distributed. We have received requests for the pamphlet from all parts of the United States, from Canada also, and have given permission for its republication by the State Health Department of Kentucky.

IV. *Studies.* (a) The study of the treatment of syphilitic pregnant women in five Boston Clinics is nearing completion. The field work has been done and the records are now being analyzed and written. It is hoped that it will be finished early in 1934.

(b) The study of clinic and field agency relationships in syphilis and gonorrhea clinics in Boston, underwritten by this Society and made for us by Mrs. Evangeline H. Morris, R.N., of the staff of the Community Health Association of Boston, has been completed. Detailed reports were sent to each of the six hospitals studied and a general report was printed in the *New England Journal of Medicine*, October 12, 1933. A short article on *Relationships*, based on the study, was printed in the October issue of *Public Health Nursing*. Reprints of the long article in the *New England Journal* have been sent to superintendents of training schools for nurses and other interested individuals. It is hoped that the study may be productive of increased interest in this subject and of improvement where improvement seems desirable.

V. *Evening Clinics.* With the assistance of the Boston Emergency Relief Campaign we were able to continue the support, in conjunction with the State Department of Health, of the extra clinic facilities at the Boston Dispensary. These clinics are designed to meet the emer-

gency needs growing out of the unemployment situation. They are attended each month by approximately 200 people.

VI. *Damaged Lives*. This Society was instrumental in securing the approval of State and local censors for the United States premiere in Boston of the motion picture drama *Damaged Lives*. Subsequently, we were called upon to assist the promoters of the picture in securing the approval of the licensing commissions in a number of localities throughout the State. The picture was shown in September and October in two theatres in Boston where it was seen by more than 100,000 people. It has also been shown in practically every city in the Commonwealth as well as in many smaller communities.

Plans for 1934 include a continuation of existing activities and an expansion of our work into two new fields, viz., legal and protective measures, and a Family Relations Consultation Service, if the finances of the Society warrant these extensions."

Massachusetts—Lowell Social Hygiene Society, Lowell.—"The Lowell G-U Clinic is carrying on with its usual busy program in spite of the fact that the nursing staff has been put on the stagger system, making it somewhat difficult to handle the usual amount of work. In January we are conducting our third series of lectures for men under the leadership of Dr. Rolf Lium.

Last month, under the auspices of our Committee, *Damaged Lives* was given a private showing to about 500 social workers, doctors, nurses, and other interested persons."

Michigan—State Department of Health, Lansing.—No special report received for 1933 but it is understood that the work has been continued along the same general lines as described especially in the February JOURNAL OF SOCIAL HYGIENE.

Michigan—Detroit Social Hygiene Conference.—"Following the pattern by which one arrives at prevention in almost any field, Detroit had a few years past furnished about 100 people, largely social workers, who manifested sufficient concern over vice conditions and venereal disease incidence to organize an informal committee to cope with these questions. Except for a few of them whose professions kept them in this field, these committee members could do little more than give moral support to the cause and rally about any visiting speaker. This committee eventually found a berth with the Detroit and Wayne County Tuberculosis Society, which had, however, no funds for the furtherance of social hygiene. In 1932, Mr. George F. Granger, the executive, invited the American Social Hygiene Association to send some one to stir up interest in educational measures. Coincidental with this request came one from the supervisor of the Parental Advisory Department of the Detroit Public Schools, who found her staff of fifteen teachers unable to cope with the sex problems of children which parents presented. She felt that the sexual maladjustment of the parent was often the

source and, therefore, the block to any solution of child problems. Dr. Edith Hale Swift of the staff of the American Social Hygiene Association was assigned to this joint job for a six-week trial period and reported for duty just before Thanksgiving, 1932. At present writing slightly over a year from that date, we have a very active officered organization under the name 'Detroit Social Hygiene Conference' with about 150 paid memberships. We hold monthly meetings with increasing attendance (last session 135 men and women admitted by membership card or 50-cent fee). We are operating a Family Relations Consultation Service at moderate charge, and have about 10,000 contacts to our credit. For what that is worth we are glad to record the procedure.

As is readily seen, the two tasks dovetailed. The consultation bureau could hardly function effectively over a street sign or an occasional referral. To the end of obtaining clients, opportunities were solicited through the friends of the movement for group meetings with every kind of person, lay, professional, old and young; and by letter or discussion, or study courses, the various phases of sex life were brought to their attention. In this way several thousand people were reached in a short time, and unsolicited requests for consultation service came in a volume too great to handle. At first free service was given, but when the continued presence of the national staff member became conditioned upon the raising of certain local funds, the fee of \$5 per lecture was paid (often in nickels and pennies), even after the terrific bank failures collapsed the city. Most frequently selected for a short series or single lectures was a topic bearing on marriage. Except for the youth group, any topic selected could be made to suggest need for marital adjustment. So it came that many sought or were referred for services of the consultant. In this way the Family Relations Bureau had a slow, healthy growth.

We were given office space and a part-time secretary by the Homemakers Club of the Young Women's Christian Association, which was organized as an activity of the Home Relations Department. This organization desired to further the interests of marriage and the home, but had no funds with which to finance the Department. The club attempted to do, and thus welcomed a consultant on marriage and family life.

From the beginning the advice and counsel of the original members of the Social Hygiene Committee were cherished. Medical, legal, ecclesiastical and scholastic support were readily found. Teachers College employed the consultant to give a semester course open to seniors and graduates. In addition to Detroit, the cities of Hamtramck and Highland Park (separate from Detroit by government only) had groups of teachers or parents or students under the consultant for six to eight weeks' study; several churches, women's clubs, and organizations of youth, offered series to their members. Valuable advice and cooperation were received from Dr. Robert

Foster, who had familiarized himself by personal visit with all the known marriage-advice centers.

Through the continued cooperation of the American Social Hygiene Association, the consultant was twice permitted to extend her stay. The Committee organized a paid membership of \$2 to prove a financial as well as moral support, and membership entitled the holder to a series of six lectures. The membership extended into entirely new groups of interested people, notably teachers, parents and ministers. This indicated widening interest and a large group representing this met Dr. Snow and sought some means by which the national association could cooperate further with the Parental Advisory Department and old supporters to get an officered organization on its feet. The Social Hygiene Committee, as such, was virtually dead through the inactivity of the Tuberculosis Society and through failing community funds. The group bore eager testimony to the value of the work begun and flourishing despite hard times, and urged such national support as would enable the movement to become organized. Tentative plans were drawn under an acting chairman, and data for a cooperative project with the American Social Hygiene Association secured.

In September the Detroit Social Hygiene Conference elected a slate with five officers, fourteen advisors, and the organizer as director, naming Mr. A. Douglas Jamieson and Dr. R. S. Dixon, old "war horses" for the cause, along with other friends, both old and new, who were outstanding in the recognition of the community. A membership plan was put into effect: part supporting (founder and sustaining, at \$100 and \$5, respectively), and part service bearing (participating at \$25 for three lectures, or two lectures and two consultations, and annual at \$2, permitting holder to attend monthly meetings or join a leadership-training class offered by the director). The lecture fees were raised to \$10, and to \$2 for consultations.

Programs for the year's meetings were printed and widely circulated. These were to take the form of jury-panel discussions on various phases of social hygiene, to stimulate thinking and action. This form of meeting has proved so interesting and highly entertaining that not only has the cause been strengthened by increasing audiences and memberships, but difficulties blocking the movement have been detected.

We have urged the participating memberships upon clubs and churches, not merely for financial reasons, but because a more thorough piece of work can be done in a series of three rather than in one presentation. Money is still "tight", and the necessary increase in fees to give the local support required has been hard to meet. But interest persists. After three semesters' work in Teachers College, the director now has about 125 men and women teachers and social workers who are eligible to an advanced course called *Case Studies in Personal and Social Guidance*, leading to a

Ph.D. degree. Enrollment for that for the ensuing semester promises to be heavy.

Perhaps most heartening and most promising of all has been the sustained interest in leadership training. In the late winter and spring, around the nucleus of the Parental Advisory Department's teachers, about 25 men and women met weekly for a two-hour study of the whole social hygiene field. In early October this class was reassembled, and is now in the process of outlining talks and discussions for parents, for mixed adult groups, for older and younger youth and pre-adolescents. A few of these are under the guidance of the director trying out discussions with mothers' groups as a proving ground, and bringing back valuable reports to the group. In this manner we hope to build a few leaders available for each aged and typed group. Requests to join this class were so numerous, and so impossible when under way, that a new class was organized on the same lines this fall, and numbers 25 faithful workers who expect to meet weekly for at least a year on preparation of themselves for both formal and informal interpretations. These two classes, along with the college groups, form large supporting nuclei throughout the city,—of great value to the director and later, in her absence, to the advancement of the movement.

As occasion offers any opportunity to further the medical, legal or protective aspects of the field, we stand ready. Some 150 prominent citizens saw at our request a screening of the film *Damaged Lives*, and our Detroit Social Hygiene Conference, as an organization, sponsored its showing here. The response seems genuine and lasting and all effort amply repaid. Social hygiene activities are hard pressed in times like these,—but when could they be more needed?"

Michigan—Social Hygiene Committee of the Welfare Guidance Bureau, Grand Rapids.—This committee, formed late in October, has already launched a vigorous program of public information through a series of radio talks, newspaper publicity and special talks before civic and social groups. This initial effort is designed to be part of a comprehensive community program, including medical, protective and educational measures, directed towards the objectives "to inspire our citizens to a higher plane of moral conduct and thus to reduce delinquency and degradation . . . to promote family integrity and individual responsibility, thus enhancing civic welfare." The Committee is enlisting the interest and assistance of a representative group of men and women in the community from both professional groups and the lay public.

Minnesota—State Department of Health, Minneapolis.—During 1933 work has been continued along the same general lines as described in the February 1933 JOURNAL OF SOCIAL HYGIENE. An increase of 66% was noted in the number of persons receiving free drugs from this office. There were more situations in which arrange-

ments were made for payment of cost of treatment by the local sanitary district, township, village or city. Towards the end of the year, mailing outfits for dark-field examination by the Division Laboratories were sent to various physicians throughout the State to determine practicability for such a service in the future.

Minnesota—Women's Cooperative Alliance, Minneapolis.—As announced in the February 1933, JOURNAL OF SOCIAL HYGIENE, the Alliance was dissolved in October 1932, and no activities are being carried on at this time.

Mississippi—State Board of Health, Jackson.—"The outstanding activity for 1933 in the State of Mississippi was the distribution of drugs to the physicians through the county health departments for the treatment of syphilitics on the indigent rolls of the various communities.

There has been a great increase of responsibility on account of the unemployment in the financial depression. The difficulties encountered rise chiefly from the failure of the State Legislature to make any appropriation for financing the work, and the failure of Congress to make any appropriation to the United States Public Health Service for cooperative activities in the field of social hygiene either in educational ways or in maintaining clinic facilities.

The work planned for 1934 is essentially the same as for 1933 for the reason that no funds are available with which to do additional work in education or in maintaining clinic facilities.

We feel that the American Social Hygiene Association could be of inestimable value to the states and communities in impressing Congress with the seriousness of the social hygiene situation. Based on 10,000 Wassermanns made on as many individuals in Mississippi in 1929, 20 per cent of the colored population, which is 52 per cent of the total population, showed positive blood Wassermanns. An allotment of \$20,000 for educational work and provision of drugs, we believe to be a minimum sum required to carry on a reasonably effective program in this State, the population of which is approximately 2,000,000."

Missouri—State Board of Health, Jefferson.—"We have no special report to make in regard to social hygiene activities in 1933.

We plan to continue the work along the same general lines as outlined in the February issue of the JOURNAL OF SOCIAL HYGIENE."

Missouri—State Social Hygiene Council, Columbia.—The Council has not reported any activities during the year, and it is understood that lack of funds and time has prevented the development of the program originally planned.

Missouri—Society for the Suppression of Commercialized Vice, Kansas City.—"No decided moral improvement in Kansas City during the past year can be reported. While repeated reports of bad

moral conditions have been made to the police with request for their removal, no determined effort has been made by the officers to subdue them.

Our Society has not the means to make a thorough investigation of all parts of the city, but the October report is somewhat comprehensive of the district investigated. The report shows 98 houses of prostitution in this district with an estimated number of 392 prostitutes. It is probable that there are several times that number in the whole city. The unfavorable prostitution conditions in Kansas City are believed to be due largely to political conditions. There are hopes for a civic house-cleaning this year.

Two men arrested for selling indecent literature plead guilty and were fined \$25 each and costs. Although the penalty was insignificant for the crime committed, our Society was pleased to secure a conviction for this nefarious business. While these convictions had a wholesome effect it has not rid the city of this pernicious literature.

Our former President, Dr. John F. Vines, resigned, as his new work took him out of the city the greater part of the time; and Dr. W. A. Stevenson, pastor of the United Presbyterian Church, is our new President. Dr. Stevenson has already rendered effective personal service in fighting vice, and our organization is fortunate in securing a person of his ability and interest to lead the fight against vice in Kansas City.

Our Society is getting in shape for aggressive work. Committee meetings have been held, the interest is good and the prospects for better financial support are encouraging."

Missouri—Kansas City Social Hygiene Society.—"The primary emphasis in the program of the Society as far as time and thought is concerned is educational work with youth, particularly older young people approaching marriage. An achievement for 1933 has been the formation of the Youth Section which has for its purpose, providing a means by which thoughtful young people, individually and in groups, may advance their own education and that of others in matters felt to be important from the social hygiene viewpoint.

Our secondary emphasis is that of encouraging and assisting organization units of all sorts to incorporate into their own programs the most suitable social hygiene educational program for their purpose, utilizing the contacts we have and those we may be able to establish with any individuals or agencies.

There is a widespread need in the community in the field of social hygiene and relatively little is being done by any agency. The resources at our command are wholly inadequate to meet the increasing need. The plan for 1934 is to continue and further develop the work begun in 1933. A high point will be the cooperation of the Society with the National Association in a program to be arranged during the National Conference of Social Work which will be held in Kansas City in May.

The ever increasing requests for consultation service, plus the urgent need for leadership, demand extension rather than retrenchment of the national program. We stand as a nation in a more perilous situation than we did at the end of the World War and it is not the time to withdraw from the field. Practical help is needed in every community, but financial situation precludes the community bearing the expense. The social hygiene program must be merged into every emergency activity, be it for labor, health or recreation, during this period of family disintegration due to changing economic and social life."

Missouri—Missouri Social Hygiene Association, St. Louis.—The active program of the Association for the current year has been restricted to a period embracing the first four months of the year. This situation is the result of the unfortunate failure of the "Character Building" campaign of the St. Louis Community Fund to raise more than one-third of its objective. Not only the Missouri Social Hygiene Association, but 19 other participating agencies have been seriously affected. Since May 8th, when the Board of Directors voted to abandon all operations on the regular program, only such voluntary activities as have been possible for the Board and committee members have been undertaken. The paid services of the Association's executive secretary, the office secretary, and the educational director, have been dispensed with.

During the period January to April the American Social Hygiene Association helped us to keep going by making available the services of a staff member, Mr. Wayland D. Towner, to act as Executive Secretary; Mr. Peter Kasius, the former secretary, having been drafted to the directorship of the Family Welfare Federation.

The projects which featured the early part of the year are presented herewith and summarized, as follows:

(1) *Annual Meeting*: Inasmuch as the Association had recently completed the survey on the costs of medical service to St. Louis, directed by Mr. H. C. Loeffler of the Bureau of Municipal Research, it was decided to present the survey report as the feature of the annual meeting held on January 9th. An innovation in annual meeting procedures was the attendance of 140 representatives of 44 St. Louis organizations and institutions. The significance of the survey findings was discussed by six speakers who commented on the report from the point of view of the physician, hospital administration, social worker and tax payer, and in addition in relation to the importance of the survey to the programs of both the national and local social hygiene associations. In the opinion of many community leaders, this meeting is considered one of the most stimulating and informative social hygiene gatherings ever organized by the Association.

(2) *Educational Program*: Outstanding among the educational projects of the year were the social hygiene courses conducted by Dr. Harriet S. Cory, educational director, at the Washington Uni-

versity School of Public Health, and at Harris Teachers College. A social hygiene institute of four sessions, in which the Association cooperated with the League of Women Voters, was especially productive in laying the ground work for an active interest in the problems of venereal disease control and the repression of prostitution.

The Association is particularly appreciative of the opportunity to schedule Mrs. Wood of the American Social Hygiene Association for a two-day series of speaking engagements. Only the most favorable comments have been received from the eight audiences which she addressed.

The usual routine of film showings, radio talks, and other invitation lectures, was carried out during the brief period the Association functioned as an active organization.

(3) *Medical Activities*: The first of two series of lectures and demonstrations to the private physicians of St. Louis on the diagnosis and treatment of syphilis was completed. The first took the form of a symposium for Negro doctors, sponsored by the local Negro Medical Society and the Association, in collaboration with the Venereal Disease Section of the City Health Department. Four weekly sessions of approximately an hour's duration were scheduled which featured practical lectures and clinical demonstrations by outstanding local medical leaders and practicing physicians who have specialized in the diagnosis and treatment of the disease.

Topical headings included the following: *The Etiology and Pathology of Syphilis*, *Demonstration of Laboratory Procedures in the Diagnosis of Syphilis*, *The Clinical Course and General Treatment of Syphilis*, *The Skin Manifestations of Syphilis*, *Visceral and Cardiovascular Syphilis*, *Syphilis of the Central Nervous System*, *Prenatal Syphilis*, and *The Social Aspects of Syphilis*.

Approximately fifty per cent of the practicing Negro physicians registered and attended the sessions.

During the early spring the Association's study of the Municipal Venereal Disease Clinic was completed.

(4) *Publications*: The Report of the Study of the Economic Cost of the Venereal Diseases to St. Louis, already referred to in this summary, was published in complete and digest form and given wide distribution locally and throughout the United States.

(5) *Other Activities*: The Association participated actively in the local observance of Negro Health Week.

Cooperation was extended to the Department of Sociology at Washington University in a study of social data by St. Louis census tracts in supplying and assembling information on the distribution of the venereal diseases and prostitution.

In conclusion, the Board of Directors desires to record full appreciation for the untiring zeal and devoted and able service of the Association's retiring President, the Reverend Alphonse M. Schwitalla, S.J., who relinquished his duties at the beginning of the year after a five-year tenure of office.

Montana—State Board of Health, Helena.—"We have no particular program for 1934. There are two venereal disease clinics which will be continued, one in Great Falls and one in Bozeman."

A survey of the venereal diseases in Montana by Dr. Crouch in the early part of 1933 revealed much interesting data. The report says: "Points worth mentioning, based entirely upon opinions agreed to by the majority of physicians, are that at least one-half of all persons with venereal disease infections in any community are self-treated and never consult physicians, and that a large portion of those treated by physicians have first attempted self-treatment. There has been a definite reduction in the number of cases seen during the past year or two. Nearly all physicians agree on this point, and the reasons given are many and varied. Physicians are seeing a much fewer number of chronic salpingitis than formerly, and they are seeing a larger number of acute cases in women. In other words, women are consulting physicians much earlier in the course of the disease than they formerly did."

In the course of this survey it was observed that the cities have a higher venereal disease rate than the rural districts, and that from 25 to 40 per cent of cases treated in city hospitals and clinics are from out-of-town. The highest rates were found in the western mountainous part of the State; and recent infections were most frequently reported as in the urban areas, old tertiary cases in rural communities.

The Hygienic Laboratory of the State Board did over 10,000 Wassermanns in 1932, and there are in addition five or six private laboratories in the State doing this type of examination.

A staff member of the American Social Hygiene Association visited Montana in 1933 to take part in the State Parent-Teacher Convention, and the several talks were enthusiastically received by the 250 and more persons who heard them.

Nebraska—State Department of Health, Lincoln.—"Concerning activities for the control of venereal diseases in this State, as well as new features for the coming year, we can but state that we are endeavoring to continue the work under curtailed facilities, which, of course, will not permit initiation of new features."

Visits of staff members of the American Social Hygiene Association during the course of the year to address important groups in the State, and confer with persons interested in the social hygiene movement, resulted in many worth while contacts, and the hope that in the near future the organization of a social hygiene committee may be accomplished. The State Parent-Teacher Association and many of the local branches are actively interested in sex education. The school system through its character education program has in some places made use of sex education materials.

Nevada—State Board of Health, Carson City.—"There are no social hygiene activities outside of the work of the private physicians.

We would appreciate any suggestions that you may have which might assist us in formulating some kind of a program for this State."

A staff member of the American Social Hygiene Association who visited the State in 1933 reports that the University of Nevada includes in some of its biology, psychology, and sociology courses, material on social hygiene. There appears to be much interest in the subject on the part of thoughtful individuals living in the larger communities, but no organized program of activities.

The Federal Government has carried out such measures as have been practicable in the Boulder Dam area.

New Hampshire—State Board of Health, Concord.—"During 1933 we have done more educational work along the lines of social hygiene than we have done previously. We have felt that the physicians of the State did not fully realize the importance of reporting cases directly to this Board and also to the local health officers; therefore, literature, report blanks, copies of the laws and regulations, have been distributed generally to physicians in an attempt at improvement. Our campaign is bearing fruit as the physicians are cooperating much better.

There has been a greater demand for assistance in handling of cases from social workers, but this Department can only offer help through the venereal disease clinics which it maintains in Manchester, Nashua, Concord, Dover and Berlin. The Berlin Clinic was started in the summer of 1933, and cares for that part of the State. In some cases the State has furnished the drugs when arrangements have been made for its administration by the town.

We do not anticipate any new program activities for 1934, as the appropriation allotted for this work will not be sufficient to take on much added expense. We are of the opinion that the State is being well taken care of in this respect."

New Jersey—State Department of Health, Trenton.—"There have been two outstanding developments in social hygiene during the past year. The first, which is basic, is the adoption by the State Legislature of important amendments to the venereal disease control law. The war-time function of requiring the commander of a military or naval post to report to the local health board is changed, and the Director of Health is substituted therefor. The local health executive is given unlimited power of isolation over a delinquent patient or a suspected person declining to undergo examination. An outdated definition of non-infectiousness has been replaced by one which places the question of infectiousness of the patient up to the treating physician, subject to a review under certain circumstances. These amendments have strengthened the powers of the Director of Health, the local health officer and the treating physician in essential situations.

The other outstanding development has been the giving of talks on venereal diseases to the young men enlisted in the Civilian Conservation Corps, by a representative of the Bureau of Venereal Disease Control, at the special request of a commanding general. The lectures were illustrated, and on account of the small size of

the only hall available it was necessary to give 144 talks that reached 52,000 young men. Pertinent questions by the hundreds were answered by the lecturer.

Of lesser importance has been the compiling of a roster giving the names and hours of clinics and cooperating physicians, and a special list of physicians who in their private practice have reported at least three cases of gonorrhea and syphilis during the year.

The State Board of Health at its December meeting decided to discontinue the Bureau of Venereal Disease Control, and a committee was appointed to consider the transfer of its functions to the Bureau of Local Health Administration dealing with communicable diseases. The committee's report will be made at the January meeting of the Board.

A new feature in the work plan for 1934 has been brought about by the failure of the Emergency Relief Administration to provide treatment to indigents infected with gonorrhea or syphilis who have no clinical facilities available. There has been a breakdown on account of the prolonged depression in many of the local health communities. It is not possible for the Bureau of Venereal Disease Control to undertake treatment of patients, and it had adopted the policy of supplying free certain drugs to all physicians who will treat cases of gonorrhea or early syphilis at a maximum fee of \$2.00, payment of which must be borne by the community where the patient lives."

New Mexico—State Bureau of Public Health, New Mexico Social Hygiene Society, Santa Fe.—The New Mexico Social Hygiene Association has cooperated to the limit of its resources with the State Bureau of Public Health and the State Tuberculosis Association in making a health survey of New Mexico. This survey, now in progress, will lay especial emphasis on syphilis, tuberculosis and the conditions of nutrition of children. The above mentioned New Mexico organizations collaborated in obtaining the services of representatives of the American Social Hygiene Association, the National Tuberculosis Association, and the American Public Health Association, and the co-operation of the United States Public Health Service and the Bureau of Indian Affairs. Diagnostic clinics for the study of the conditions mentioned will be conducted in five or six counties of New Mexico. Groups of children and adults will be studied for tuberculosis, syphilis, and malnutrition by a competent medical staff.

One feature of the survey has been completed, aside from the preparation of the report, namely, a survey of syphilis in Mora County, a typical Spanish-American community. A team headed by Dr. Walter Clarke of the national association, and including Mrs. Myrtle Brown, a public health nurse of Denver, held during 16 working days 21 diagnostic clinics attended by about 2,000 individuals, of whom 1,648 were given blood tests for syphilis and for Malta fever. Of this group 197 were under 12 years of age. The percentages of definitely positive reactions to the blood test for syphilis were, in the

group under 12, 2.5 per cent; and in the group over 12, 6.2 per cent. The reports for the Malta fever blood tests have not as yet been classified.

A state-wide census of cases of syphilis and gonorrhea under treatment on December 1st was made and studies have been completed as to the diagnostic, therapeutic and preventive facilities of the state for combating syphilis and gonorrhea. A full report of this work is now in preparation and will be published in due course.

Through an arrangement with the state relief administrator, arsphenamine is supplied to all indigents who need it. The need is certified to by the local relief committee. The arsphenamine is purchased at state rates through the office of the State Bureau and sent directly to the doctor in charge of the case. In all 2,668 doses of anti-syphilitic remedies were sent at an average cost of 22 cents per dose.

In connection with the Federal program of relief it is believed desirable that (1) cases of acute venereal diseases diagnosed in Civilian Conservation Corps camps should secure treatment at least to the point of sterilization before they are distributed to their local communities. In New Mexico this is particularly desirable, since many of the communities are remote from medical care and active cases of venereal disease discharged into them will not secure any treatment at all; and (2) that provision should be made under Regulation No. 7 of the Federal Relief Administration for the remuneration of physicians treating contagious diseases at least in persons who are not actually in need of food but who may nevertheless be unable to pay for medical care.

New York—State Department of Health, Albany.—"One of the outstanding developments of the year was a change in administrative procedure. The responsibility for local social hygiene programs was placed definitely upon the district state health officers, and the Division's staff was made available to these various districts in an advisory capacity. Each district state health officer is expected in turn to put up to the local health officer the task of inaugurating and executing a suitable local social hygiene program within his community. Ultimately this will tend to put this phase of public health on a more permanent basis and give the local health officer an opportunity to emphasize the aspects that are most essential in his particular locality.

In the medical field, post-graduate courses for practicing physicians were continued. The feature that attracted most attention was the several demonstrations in various parts of the state of the cisternal puncture. These clinics were not held for county medical societies, but in hospitals for specialists. Where opportunity afforded the local physicians were given an opportunity to acquire the necessary technique. The principal reason for stimulating this particular procedure was the fact that after a cisternal puncture the patient does not require hospitalization as he does after a lumbar

puncture. Since there should be an examination of the spinal fluid in all cases before they are discharged as cured, this saving of hospitalization becomes of considerable importance in clinic service.

The state continued to stress the importance of having reported sources of infection and contacts investigated and put under treatment if infected. The course in social hygiene attended by 1,200 public health nurses gave them a good knowledge and understanding of this field, and equipped a few nurses for social hygiene case-work.

The consultant nurses attached to this Division are endeavoring to assist the district supervising nurses in instructing and interesting at least one nurse in each community for social service in the venereal disease field. Nurses are generally enthusiastic when social follow-up is discussed, but their enthusiasm tends to wane when they are confronted with the actual problems and discover the apathy of infected persons and contacts. The Division's staff has to constantly recreate enthusiasm for social hygiene."

New York—State Committee on Tuberculosis and Public Health, State Charities Aid Association.—"The social hygiene program of our New York State Committee remains unchanged as to activities. As we stated last year, it was set up by our Executive Committee with the advice of the State Health Commissioner, Dr. Thomas Parran, Jr., and of the American Social Hygiene Association, and all of its items were designed to supplement the activities of State and local health authorities. In review it is, as follows:

- (1) To encourage and assist our Local Tuberculosis and Health Associations in improving the organization, equipment and service of established local centers for diagnosis, treatment and follow-up of syphilis and gonococcal infections, when so requested by the authorities in charge of such centers. (Salaries or education for personnel is one suggested means to this end.)
- (2) To promote provision for rural patients of competent diagnostic, treatment and follow-up services, through persuading city boards of health to make their facilities available to rural areas.
- (3) To assist in building up an informed public opinion regarding venereal diseases, and the need for wise and effective public action in dealing with them.
- (4) In the field of sex-character education to be of service to State and local educational authorities in activities they may have in hand or which they may initiate.

While our first objective is to promote adequate treatment and control of syphilis and gonorrhea, yet our own experience and that of other organizations has taught us that this is most readily accomplished when the community has come to understand the real need for it. It is a well recognized fact that many health departments are

devoting their efforts and resources to programs of less importance because such programs are better understood and hence are approved and supported. Often, because of long-established taboos and inhibitions in a community, as well as a prevailing ignorance of facts, our educational work needs to be circuitous and time consuming in its presentation. Once a sufficient cross-section of leaders and groups has been convinced of the urgency and imminence of social hygiene problems, the impetus of the movement grows with surprising rapidity. It is a well-known principle in community organization that both individuals and groups tend to gather courage and grow articulate when they feel themselves to be moving forward with a cause which has gained popular approval. This accomplished, the torch is carried high and obstructions melt away. Our educational work aims to assist in bringing this about. As an example of this we might cite a local health officer who neglected the establishment of a much needed treatment center fearing the disapproval of the local medical society. Deviously directed educational activities resulted in approval and active support by the medical group, and he went ahead.

Similarly a chief of police, following a two days' institute sponsored by thirty prominent organizations in a community, suddenly manifested great interest in its social hygiene problems and protested to the City Health Commissioner, 'Why weren't we included? This is our problem too.' This resulted in closer cooperation between the Department of Health and the Police Department.

So far twenty-one County Tuberculosis and Health Associations in New York State have carried on some type or other of social hygiene education. In some instances it was merely through the distribution of educational literature. Altogether well over 5,000 pamphlets on various phases of social hygiene have been distributed by them and us. Other types of education have been lectures, forums, conferences, exhibits, radio talks and personal interviews. In one city a very comprehensive Institute was organized.

By far the most thorough work has been done where a standing committee on social hygiene was created by a local Tuberculosis and Health Association to promote the activities. Outstanding for the work which they have sponsored during the past year are the following Local Associations: Yonkers Tuberculosis and Health Association, Niagara County Health Association, Tuberculosis and Health Association of Rochester and Monroe County, Onondaga Health Association, and the Schenectady Committee on the Prevention of Tuberculosis. These various standing committees have developed in different ways and their programs differ somewhat, depending on the interests of the individuals promoting them. It is most interesting to compare the effectiveness of their efforts.

Yonkers: The social hygiene committee of the Yonkers Tuberculosis and Health Association divided itself into four sub-committees, each one of which is responsible for a definite phase of the educational

work. Due to their efforts social hygiene work has been promoted in cooperation with the schools, the parent-teacher associations, the churches and community groups, and with the Department of Public Health. By this method of dividing and spreading responsibility eventually the entire community is coming to feel its influence.

The chairman, Dr. Elton Littell, and the executive secretary, Miss Marie Goulett, have guided this committee, with the assistance of staff members of the American Social Hygiene Association and the social hygiene secretary, Mrs. Marion Simonson, of our State Committee on Tuberculosis and Public Health.

Rochester: In Rochester the activities of the social hygiene committee of the Tuberculosis and Health Association have been coordinated with those of the social hygiene committee of the County Medical Society, and both medical and lay education are leading items in the program. Mr. Newell W. Edson of the American Social Hygiene Association and Mrs. Simonson of the State Committee have served as consultants in the development of those phases of the program having to do with education of the public. Representatives from the Department of Public Health, Council of Social Agencies, the Health Education Division of the Board of Education, the Medical Society, Women's Clubs, the Federation of Churches, and other organizations have been interested since the inception of this program, which augurs well for its healthy growth.

Syracuse: In Syracuse a social hygiene forum was conducted and preliminary interviews have been arranged with the leaders of the medical profession and social workers with a view to a program of education to begin early this year. The executive committee of the Onondaga Health Association and Arthur W. Towne, the executive secretary of the Association, have shown a most encouraging interest in social hygiene from the beginning.

Niagara Falls: As a beginning the social hygiene committee of the Niagara County Health Association appropriated \$200 for a program of education to be carried on in the county. This educational work included a series of talks and conferences by Mr. Edson of the National Association, by Mrs. Simonson of our staff, and by local physicians. Plans are developing for more adequate treatment facilities, where they are greatly needed, and also a much better understanding of the problems of social hygiene exists in the county. About 30 talks were given altogether. During the course of these talks, schools, parent-teacher associations, service clubs, the clergy, medical society, mayors, boards of health, women's clubs, and other organizations were reached. The work has been coordinated and scheduled by Miss Grace England, executive secretary of the County Tuberculosis and Health Association.

Buffalo: In Buffalo plans are being formulated under the auspices of the Council of Social Agencies for a committee, of which the executive secretary of the Buffalo Tuberculosis Association will be a mem-

ber. Several lectures have been given and a much more active interest will probably develop during the next year.

Schenectady: The social hygiene committee of the Schenectady Committee on the Prevention of Tuberculosis during February sponsored a very successful two-day Institute. The speakers were drawn from local, state and national organizations. Fifteen hundred people attended these meetings, and thirty prominent groups, including the Departments of Health, and Public Welfare, Women's Clubs, Parent-Teacher Associations, and the Medical Society, cooperated to make it a success. Definite results in better treatment facilities and public understanding came out of it.

General Activities

Through the field secretary on social hygiene, the Committee assisted in several cooperative projects with state and national organizations. One of these was a social hygiene exhibit at the Annual Convention of the National Tuberculosis Association in Toronto, Canada, in June. As a result, several other State Tuberculosis and Health Associations are considering the inclusion of social hygiene education in their programs.

In cooperation with the Division of Social Hygiene of the State Department of Health and the American Social Hygiene Association, a social hygiene program for the State Conference of Social Work in Utica, November 15-16, was set up. This program consisted of three items: (1) A panel discussion participated in by prominent authorities from various parts of the State on the subject, *What Are the Most Effective Educational Methods by Which the Eradication of Syphilis and Gonorrhea May Be Brought About?* (2) a discussion of the *Relation of the Minister to Social Work* by Dr. L. Foster Wood of the Federal Council of Churches; and (3) an address on *The Development of Family Consultation Services* by Mr. Edson of the American Social Hygiene Association.

A social hygiene exhibit was also furnished and displayed in cooperation with the state and local health authorities.

A social hygiene exhibit was also arranged for the annual meeting of the State Federation of Women's Clubs in cooperation with the state and local health authorities. Included in the health and welfare luncheon program under the chairmanship of Mrs. Marie F. Kirwan was a talk on social hygiene by Mrs. Herbert Cummings.

Annual Conference of State and Local Committees on Tuberculosis and Public Health, June 8-9, 1933

The Silver Anniversary of our State Committee on Tuberculosis and Public Health, celebrating the twenty-fifth year of the anti-tuberculosis campaign in New York State, proved to be an excellent opportunity for the furtherance of social hygiene education. Two sessions were devoted to the subject, covering treatment problems,

education of school children, public educational methods, and causes and results of prostitution. Outstanding as a special lecture was that by Dr. Thomas Parran, Jr., on *Common Interests Between the Control of Tuberculosis and Syphilis*.

In 1934 we will build upon our past experiences and endeavor to add new counties to the list of those which have already shown an interest. We have been guided constantly by the widely experienced staff of the American Social Hygiene Association and the Division of Social Hygiene of the State Department of Health, who have given us the benefit of their expert knowledge, sound judgment and wisdom, and have ever kept us mindful of the challenging problems in this imperatively urgent and important work."

New York—Albany Social Hygiene Committee.—The President of the Committee was able in her capacity as President also of the Council of Clubs to encourage and promote the integration of social hygiene into the regular programs of the various women's clubs of the city. A special meeting of representative club women was held to discuss ways of improving and extending clinic facilities for the treatment of persons infected with syphilis and gonorrhea. As a result, the facilities at one of the hospital clinics were materially improved. During the year, emphasis was placed on the treatment of pregnant women suffering from syphilis. Five educational meetings were held during the year to forestall any objections that might otherwise arise from the taking of blood specimens for Wassermann examinations at prenatal clinics. It is believed that these meetings were successful and it is hoped that all prenatal examinations will in the near future include a Wassermann test.

New York—Buffalo.—In the December 1933, JOURNAL OF SOCIAL HYGIENE, the City of Buffalo, New York, is listed among 58 cities of the United States in which a comparison is made as to prostitution conditions for a five-year period. The article states that in 1928, Buffalo's listing was "Bad"; that it progressed to a rating of "Fair" in 1933.

The problem of organized prostitution in Buffalo has long been one of concern to social work because of its danger to the community. In 1928, it was determined to find the facts. Accordingly the first of a number of surveys was undertaken covering the extent and volume of prostitution in the city, its flagrancy of operation, the prices charged, the number of inmates, the types and kinds of places, and observations of law-enforcement attempts. Similar studies were made at frequent intervals since. In addition, some studies were made of arrests, disposition of cases, percentage of acquittals and convictions, and other factors.

The findings, beginning in 1928 were always reviewed with the authorities. The 1928 inquiry indicated a serious situation in Buffalo in the existence of a long entrenched group of operators, loosely organized. Some of them thoroughly experienced in the business,

stated they were from other cities, particularly from New York, Philadelphia, Baltimore, Denver, San Antonio, San Francisco. The mid-year observations of that year concluded, "For a city of its size, Buffalo has an unusually large amount of flagrantly conducted commercialized prostitution in proportion to its population."

In December, 1928, another survey was made, covering the same points, but this showed no real improvement of conditions. The conclusion of the observers was, "From the information secured, it is evident that commercialized prostitution conditions are worse at the present time than they were. The resorts are more flagrant, operators more numerous, harboring more prostitutes, and apparently accommodating more customers. For a city of its size, Buffalo has a decidedly large amount of most of the phases of commercialized prostitution."

In 1929, all of the agencies having responsibility for the problem were brought into the efforts at reduction. For that year, a careful record was kept of locations in order by streets, including the following information where obtainable—the date of arraignment, precinct, owner, proprietor, defendants, charge, officers, judge, disposition and facts. Concurrently the use of the injunction and abatement law was invoked. The improvement that resulted was reflected in the favorable report made subsequently by expert observers.

The later findings of 1930, '31 and '33 vary in accordance with the efforts at repression. Interested workers continued the study of arrests and court dispositions. They also listed the different attorneys usually employed as counsel for defendants, and the bondsmen appearing. Other information was gathered concerning the age, color, place of birth, occupation, previous conviction, times arrested, and venereal infections of inmates. On this last point, out of one group of 119 examined, 60, or 50 per cent, were reported as having a positive infection; out of another group of 262 examined, 140, or 53 per cent, were reported positive.

From these studies has come the conviction that this is a business operated for profit and producing the following menaces to the community: health menace; menace to the children; moral menace; property and community menaces.

The principal health menace is the spread of venereal disease infection to patrons and sometimes from them to their own wives or other women, to later born children, and sometimes to users of articles in common.

The menace to children is that in some instances, children have been reported as running errands for inmates or operators and have come, at an early age to have a knowledge of the situation. In certain neighborhoods, children recently moving into the area obtain an introduction to the community which often carries with it an introduction to this demoralizing phase of life.

As to the moral menace, the business of prostitution results in

a breakdown of respect for womanhood, for marriage, and of family ties.

As a property and community menace, its toleration labels the district, and brings about deterioration of values for any other purpose. It brings disrepute upon the community in other sections of the country wherever this is known.

As to present conditions in Buffalo, flagrant operation is believed not to be as widespread as formerly. The last information obtainable indicated that prostitution operated openly only when it was thought the vice squad was not around. However, even though the opportunities are not as abundant as before, Buffalo probably still has in residence, some of the same operators who have been in business for years. It is believed the number of inmates is fewer, the operation more clandestine, that there is no evidence of protection, but that the fringe group of taxicab chauffeurs and other third party exploiters are still in residence and that many of the same persons who once profited from the business are still awaiting opportunities. The main needs are continuing investigations of facts, persistent prosecution, cooperation of all concerned and prevention of transfer from one section to another within the community. It is also necessary to offset the propaganda for the need of segregated districts. Many persons believe that segregation is necessary as a protection. Students of the problem feel that this is propaganda of interested participants which has come to be accepted as their own conviction by citizens ignorant of the facts of the situation.

Any group which studies this problem will soon realize that exploiters of prostitution own properties, that operators have friends, and their counsel a knowledge of the law, and that they have a skill in operating even under difficulties. In other words, as long as they have the money to do so they will fight opposition.

However, there are measures of attack which have been somewhat effective. These include: (a) the selection of competent investigators trained in gathering of legal evidence; (b) individual treatment of offenders including examination, institutional care, and other opportunities; (c) indictment of operators; (d) padlock threat or padlock proceedings against owners of property; (e) revocation of licenses or threats of revocation for taxicab allies.

New York—New York Tuberculosis and Health Association, Social Hygiene Committee, New York City.—In brief, the general activities of the Social Hygiene Committee are as follows: A. Conducts study of incidence of venereal diseases among foodhandlers; B. Instructs industrial nurses in matters relating to venereal diseases among industrial employees; C. Conducts courses for nurses employed in venereal disease clinics; it is proposed to organize nurses who are now functioning in venereal disease clinics and to give them an intensive course of instruction on standard procedures in venereal disease clinics, follow-up service, records, etc.; D. Conducts courses of instruc-

tion on the treatment of venereal diseases for local physicians in Harlem; E. Studies treatment facilities in Harlem; F. Provides educational work for key groups, such as school teachers, nurses, ministers and club leaders.

In addition, some of the projects now being carried on are:

1. *Study of organization set-up and procedures of syphilis clinics* in different parts of the City, for the purpose of assistance in reorganization and furtherance of high standards of treatment.

2. *Organization of a Social Hygiene Council for Greater New York*, for the purpose of coordinating all social hygiene activities into a more forceful and effective unit in the community. The Secretary of the Social Hygiene Committee has been the organizer of the Social Hygiene Council and serves as its Secretary.

3. *Annual Regional Conference on Social Hygiene*. This is an all-day Conference including a dinner session, and was attended in January, 1933, by 600 people. The Secretary of the Social Hygiene Committee also serves as the organizer and Secretary of the Regional Conference. An extensive program has been prepared for the 1934 Conference which is to be held on Wednesday, January 24th. This year there will be 17 cooperating organizations sponsoring the Conference, including the State Department of Health, City Department of Health, the several Tuberculosis and Health Associations, State Charities Aid Association, the Charity Organization Society, the Association for Improving the Condition of the Poor, and other important agencies.

4. *Study of syphilis and heart disease*. Under the Chairmanship of Dr. Edwin P. Maynard, Jr., a Joint Committee for the study of syphilis and heart disease has been organized, with Dr. J. A. Goldberg serving as Secretary. Dr. Maynard plans a five-year study in several hospitals in New York City, for the purpose of determining, among other things, the relation between syphilis and heart disease.

5. *Study of syphilis and tuberculosis*. A study has been initiated on the relation between syphilis and tuberculosis. This is a matter in which the National Tuberculosis Association and the American Social Hygiene Association have a keen interest, and the national organizations are cooperating in this study. Just as soon as the preliminary steps have been completed, a Joint Committee for the study of syphilis and tuberculosis is to be organized. In the meantime, a study has been completed of the incidence of syphilis among 16,000 patients in the hospitals and sanatoria for the tuberculous. Plans have been completed for the initiation, within the next few days, of a study of the incidence of tuberculosis among active cases of syphilis. This is to be done at the Department of Health, at the suggestion of the Secretary of the Social Hygiene Committee.

6. *Districting of venereal disease patients*. A study has been completed of the geographical distribution of 17,000 patients treated for syphilis in Manhattan and the Bronx. These figures were gathered in 28 institutions treating syphilis, and an unsatisfactory situation

has been revealed. This has been brought to the attention of the hospital superintendents in the City, and steps have been taken to bring about improvement, so that treatment might be more regular and effective.

7. *Prevention and control of congenital syphilis.* A study was completed of procedures in the treatment of prenatal syphilis as concomitant with the prevention of congenital syphilis. This study covered active or recent cases in seven large hospitals in New York and 653 prenatal cases. It followed the patient through to delivery, and the conclusions were very disturbing. Dr. Jacob A. Goldberg was invited to present his findings in a paper before the December meeting of the New York County Medical Society, and the report will be published in a forthcoming issue of the New York State Medical Journal.

8. *Incidence of prenatal syphilis.* In a study of prenatal syphilis in 28 hospitals in New York, it was found that the incidence of syphilis among such cases ranges from less than 1 per cent to as high as 19 per cent. These figures were presented to the New York Obstetrical and Gynecological Society, and Dr. George W. Kosmak is one of those who have taken the leadership in attempting to bring about more frequent examination and more active treatment of pregnant syphilitic women. Dr. Edward L. Keyes, Chairman of the Social Hygiene Committee, was invited to read a paper before the New York County Medical Society on this subject.

9. *Annual symposium on syphilis.* Through the Social Hygiene Committee, an annual symposium for physicians has been arranged in cooperation with the New York University and Bellevue Hospital Medical College. At the first all-day symposium in April, 1933, 125 physicians were in attendance. Doctor Howard Fox cooperates with the Secretary of the Social Hygiene Committee in the organization of this symposium.

10. *Annual symposium on gonorrhea.* In cooperation with the New York University and Bellevue Hospital Medical College, the Social Hygiene Committee has organized an annual symposium for physicians on gonorrhea, similar to the one on syphilis. The first all-day meeting is to be held the early part of March, 1934. Dr. Alfred T. Osgood is cooperating with the Secretary of the Social Hygiene Committee in the organization of this symposium.

11. *Study of 1,400 cases of sex violation.* The Secretary of the Social Hygiene Committee has completed a study of the court records of 1,400 cases of sex violation, in order to determine what sex hygiene and other educational methods, as well as protective measures, might be utilized to protect young girls from involvement in sex affairs. This material has been analyzed in a 300-page report, and prepared for publication, without cost to the Association.

12. *Syphilis among Negroes.* For the past year and one-half a study has been conducted, in cooperation with the Urban League, of the incidence of syphilis among Negroes who apply to the Employment

Division of the Urban League for positions. All have been given a careful physical examination, including a Wassermann test. The incidence of syphilis has been found to be high, as is usual among Negroes examined in different parts of the country.

13. *Health centers and venereal disease.* A plan is being developed for the purpose of recommendation to the Commissioner of Health of the City of New York, in so far as the work of health centers is concerned, in relation to the control of this problem.

14. *Control of quackery.* In cooperation with the American Social Hygiene Association, efforts have been made to control quackery in the City. During the past year, 14 non-licensed practitioners of medicine were arrested and sentenced to prison.

New York—Syracuse Morals Committee.—The Committee has been inactive during the year, due to lack of funds. (For a report on medical and public health aspects of social hygiene in Syracuse, see report of the New York State Tuberculosis and Health Committee, page 98.)

New York—Utica Crime Prevention Committee.—No report has been received from the Committee during the year, and it is understood that no activities are being conducted at this time. Social hygiene sessions during the State Conference of Social Work, held in Utica in November, and described in the report of the New York State Tuberculosis and Health Committee (see page 99) helped to focus local interest.

New York—Yonkers Tuberculosis and Health Association, Social Hygiene Committee.—In addition to items reported under the State Committee on Tuberculosis and Public Health, State Charities Aid Association, on page 97, the Committee has recently issued a very interesting mimeographed statement "Social Hygiene Log" for the year 1933 which reports 28 separate meetings of the Committee and speaking engagements before community groups during the year, well as many other worth while efforts briefly evaluated.

North Carolina—State Board of Health, Raleigh.—The State Health Officer reports that information concerning state activities could not be submitted in time for inclusion in the February JOURNAL. This report when received will be published in a later number of the magazine.

North Dakota—Department of Public Health, Bismarck.—"Our Health Department was reduced to one physician and clerk on July 1, and of course many of our activities have been discontinued, or carried on as merely skeletons. The Department has endeavored to keep the physicians in the state interested in reporting the cases of venereal diseases which have come to them, and to query all positive reports from the laboratories. Of course there have been no funds for field work and many situations have had to pass unnoticed

because of this. We are hoping to have this work reinstated after our next meeting of the legislature. It has been very discouraging, but as said before, we are trying to keep our physicians interested by recognizing their reports, and by asking them for reports when they have failed to report after positive laboratory findings."

Ohio—State Department of Health, Columbus.—"While we have no specific Bureau of Social Hygiene, our Departmental records for 1933 show approximately (all records not yet in) that 8,385 syphilis and 3,734 gonorrhea cases were officially reported. New cases were admitted to clinics, as follows: syphilis, 7,200; gonorrhea, 3,500, and chaneroid, 400. Cases discharged as arrested or cured included 2,800 syphilis, 1,200 gonorrhea, and 125 chaneroid. Doses of arsenamine given were 61,000; mercury and bismuth, 145,000; treatments given for gonorrhea, 34,000; and for chaneroid, 800. One thousand cases of ophthalmia neonatorum were reported.

The educational work of the Department may be summarized, as follows: social hygiene talks in schools and colleges, 95, with attendance 8,679; written questions answered in social hygiene groups, 504. Social hygiene films were shown at 13 meetings, in all 33 reels with a total attendance of 2,134.

The Department owns six health films marked 'Venereal Diseases' and 'Social Hygiene.' Some of the other reels, also, touch upon this subject, as do likewise many lectures and much correspondence classified under other headings. For example, during the year, our lecturer, Mrs. Mary Cartwright, delivered 621 lectures with a total attendance of 81,489. These were given at farmers' institutes, public and parochial schools, service clubs, camps, parent-teachers' associations, hospitals and district nurses' meetings, a few banquets, teachers' institutes, business women's clubs, leagues of women voters, and opportunity schools. There were also a number of lectures given by others on the staff, and radio broadcasts, some of which touched on the subject of social hygiene."

Ohio—State Social Hygiene Council, Columbus.—No special report received for 1933 but it is understood that the situation remains the same as described especially in the February JOURNAL OF SOCIAL HYGIENE.

Ohio—Cincinnati Social Hygiene Society, Cincinnati.—"In a bird's-eye-view of the Society's work of the past year, several peaks of achievement stand out, (1) the largest number of lectures by the staff during any year of its organization; (2) the spontaneous growth of its consultation and advisory service; and (3) the earnings of the Society with the consequent expansion of its library and reading service.

Lesser high points present themselves in increase of work in the schools, both junior and senior high schools, and in increasing demands for courses of lectures to take the place of former single talks.

There was a time when the Cincinnati Social Hygiene Society, like other social hygiene societies, felt itself *persona non grata*. It expected a cold shoulder. It congratulated itself when it was given an opportunity to address an audience. This was the propaganda stage of the work. Today one does not have to apologize. Sex education which lays the stress of its teaching on the normal development of the sex impulse, and normal functioning in maturity, has changed the face of the whole social hygiene movement. It has attracted people to it who want to know how to live. They are learning to know that childhood teaching in matters of sex paves the way for adult adjustment and happiness, that one cannot teach resistance to sex manifestations in childhood and expect acceptance in maturity.

Work with parent-teacher associations has included mainly lecture and discussion courses, and occasionally single lectures. Closely associated with the parent work, and stimulated by it, is the work with junior and senior high schools. In cooperation with the principals the Society has given lectures with opportunity of answering questions before boys and girls in segregated groups.

In order to make a more nearly completed accomplishment of this introduction of human biology for young people, Mrs. Strain, of the staff of the Society, developed a five-day project which she had worked out for senior high school girls. Because these lectures were intended to be incorporated into an established course of study, permission had to be obtained from the Board of Education. The project was called *A Unit in Human Biology* and was incorporated into a study of family relations as part of a regular home-making course in the Department of Household Arts. It covered the following topics:

1. Physical Phases of Adolescent Development.
2. Maternity and the Development of the Embryo.
3. Psychology of the Sexual Impulse.
4. Social Life of Boys and Girls.
5. Preparation for Marriage.

The project, judged by the comments of the students and their responses in a brief written questionnaire which they filled in at the close of the course, was outstandingly successful. An almost unanimous opinion was expressed in favor of the adoption of a permanent course in high schools comparable to courses in civics, language or history.

Several classes at the University were conducted by both Dr. Wilzbach and Mrs. Strain during the year. In all, 11 course lectures and 7 single talks were given with a combined attendance of over 1,300 students. The greatest need at present for University girls is a training class for those who are graduating into work with children that they may have a better sexual understanding, as well as a better technique in answering their questions.

Last year the Society was called upon to participate in the increasing number of forums and lecture series sponsored by the churches, and delivered 3 course lectures attended by 120 young people, and 16 single lectures with 700 attendance. Also the Society endeavored to furnish nursing groups in the city with the essential training in social hygiene not provided by their nursing schools; and to aid social work agencies in better understanding of procedures as regards educational and venereal disease case-work problems. Another unusual educational course was that on Mental-Social Hygiene with a group of specially selected students.

The consultation service of the Society is actively progressing in spite of most unfavorable conditions for carrying it on. Many types of persons came for private consultations, including children as well as adults. Many boys and girls were referred by the Juvenile Court, and these were conferred with either by Mrs. Strain or Dr. Wilzbach, or both.

On the side of medical measures, the work of the Children's Syphilis and Gonorrhea Clinic at the Health Center was carried on with the Society's Executive Secretary as chief clinician. Follow-up work of a nurse resulted in excellent attendance. Dr. Wilzbach is also in charge of syphilis and gonorrhea treatments and care of juvenile girls at Mt. St. Mary Training School, where cases are referred by the Juvenile Court.

Early in the year the Executive Secretary was called upon to confer with the business and professional men of the city in regard to the unfavorable prostitution conditions in certain sections of the city. He was able to furnish authoritative information regarding methods of dealing with such problems. Several meetings were held with city officials, and a plan put into action based largely upon recommendations of the Social Hygiene Society. This resulted in almost immediate improvement which still prevails at the present time. An outstanding service rendered to the city by the Society during the year was an undercover survey of commercialized prostitution made for the Society by the American Social Hygiene Association. Of this survey the Director of Safety of the city said, "The special survey made by the Social Hygiene Society has proven invaluable to the Safety Department. The report presented the kind of information that is difficult to obtain and afforded a fine basis for recent departmental activities. I think it would be a fine thing if your organization could initiate such an investigation periodically."

The Society's library became self-supporting this year, by selling books and pamphlets in connection with the various lecture and study courses. An effective announcement of the Society's educational services was prepared and distributed to school heads, parent-teacher organizations, and other interested groups."

Ohio—Cleveland Social Hygiene Association.—"We have been able to keep alive some small vestiges of the Cleveland Social Hygiene Association. Mrs. Herman Moss and Mr. DeLo Mook of the Asso-

ciation, are trustees of the Health and Parent Educational Association. Classes in social hygiene were begun last October and reached 287 people. Mrs. Margaret Wells Wood addressed one of the preliminary meetings. New classes are now in process of formation, and it is expected this year to do some work through the Parent-Teacher Association. The effects of the previous work of the Social Hygiene Association are still felt. In one high school at least there is a course on the care of infants, for girl students, which includes a great deal of social hygiene material presented in a splendid way by the teacher of the course. It is thought that a similar course should be arranged for boys under some such heading as 'Family Relationships'.

It is probable that when more funds are available in Cleveland we will be able to make a proper expenditure for social hygiene activities. Many social workers have reported that they have difficulty visualizing preventive or constructive health and social work of any sort without social hygiene."

Ohio—Toledo Social Hygiene Council.—"For the past year as a Council, we have done very little. We have had a number of meetings, and have been able to fill the requests for speakers on social hygiene. The Council met with Mr. Towner of the American Social Hygiene Association and assisted him in making arrangements for the pre-view of the film *Damaged Lives*.

The President of the Council has made many addresses before parent-teacher groups, mothers' clubs, Hi-Y groups, and young people's forums on 'Sex Education' and 'Love, Courtship and Marriage.' We are reorganizing our Council very soon, and are planning to carry out a real program of activities."

Oklahoma—State Department of Public Health, Oklahoma City.—"Under the present appropriation for this department it would be impossible to maintain a separate bureau of social hygiene; however, free Wassermanns are made for all doctors treating indigent cases of syphilis and arsenicals are furnished by this Department for their treatment. The demand for arsenicals has been much greater for the year 1933 than it was for the year 1932. According to our records the total number of venereal disease cases reported for 1932 was 2,894, and for 1933, 2,628. We are satisfied that but a small per cent of the number of venereal cases are reported. If our funds hold out we expect to carry on practically the same plan of campaign in 1934 that we followed in 1933."

Oklahoma—Social Hygiene Committee, Tuberculosis Society of Oklahoma City.—The Committee has been inactive during the year, due to lack of funds and organized effort. There is no prospect of any change at present, according to Judge John Embry, who served as chairman when the Committee was originally formed.

Oregon—State Board of Health, Portland.—"As you know, our last legislature reduced our appropriation over 30 per cent and left us without funds to carry on any new work. We were, however, able to secure sufficient funds to continue the clinic for the next two years. We have practically concentrated all our efforts on the clinic, as it acts as a treatment center and also as an advisory center to those who may become infected. With the changes in law in regard to liquor traffic it is believed there will be undoubtedly an increase in the amount of venereal disease. The situation in Portland, our largest city, is not at all a satisfactory one, and, as in most cities it seems to adopt a wide open policy. There are ample reasons against restricted districts, but it does seem that some rigid measures should be taken to prevent the spread of infection. It has been suggested that a segregated district with compulsory prophylaxis might be an improvement over the present condition. As to the national program, we believe that the American Social Hygiene Association can be of considerable value in furnishing education films and literature to the different states."

Oregon—Oregon Social Hygiene Society, Portland.—"The Society has been grimly fighting to keep its services available and the office open to the public. With the lapsed memberships and the subscriptions reduced, or entirely withdrawn, it has been very difficult to do this, but no call has been left unanswered, nor has any mental or moral patient needing the services of the Society gone away unaided. On the contrary, the work of the Society has been carried to thousands of young people with, we are sure, beneficial results, and to hundreds of adults with arresting and dramatic significance.

The Secretary taught one to three courses and led discussion groups at seven institutes during the summer months. These included Christian Endeavor, Epworth League, Unitarian, Congregational and County Teachers Institutes, and Religious Education Leaders. Others during the year included the State Teachers Convention, Civilian Conservation Corps, training schools for the Council of Churches, State Training Schools for boys and girls, civic clubs, schools and colleges.

This year's record shows a very decided increase in the number of people seeking interviews concerning preparation for marriage; 256 individuals were given such information. In all 295 lectures were given to 13,584 persons, 2,744 books were loaned from our library and 2,638 interviews were held. Among these were 209 with teachers, 17 with doctors, 117 with social workers and 112 with ministers.

The effort to repeal the 'Notice of Intention to Marry' law at the recent emergency session of the legislature was frustrated by the president and other members of the Society.

Included among the list of contemplated projects for the coming year are: a series of public social hygiene meetings; a life adjustment clinic; increased interest in the family relations program,

already a real part of the service rendered; a membership campaign; work with all the Civilian Conservation Corps groups in the State; and educational programs to prevent the repeal of the marriage notice law at the next session of the legislature, and also to obtain the passage of similar laws in Idaho and Washington."

Pennsylvania—State Department of Health, Harrisburg.—"During the year 1933 an added feature of venereal disease control work was the following up of men who were discharged from the Civilian Conservation Corps Camps on account of having syphilis or gonorrhea. Upon request from this Department the Commanding General, Third Corps Area, instructed the various camp commanders to give the Venereal Disease Section the names and new addresses of the members of the camps who were discharged and, if possible, the names of the women from whom the disease was contracted. Through the field representatives of the Department provision was made for continuation of treatment at the man's home station. As always, the local physician has given his services free of charge, with medicines furnished by the Department, for the treatment of men whose residences were far removed from clinics. It is gratifying to note that they were able to trace the sources of the infection in a number of cases.

This Department has increased its treatment service by adding five new clinics which are located in hospitals. The demand for free treatment apparently has not increased over the year 1932. There continue to be a large number of indigent patients treated in the offices of physicians who make no charge for their services."

Pennsylvania—Social Hygiene Committee of the Pennsylvania State Conference on Social Welfare.—"At the meeting of the State Welfare Conference at Wilkes-Barre, an organization was effected for continuing interest in social hygiene throughout Pennsylvania. Members of the National Association in Pennsylvania were circularized to get their reactions and to create interest for a social hygiene session in connection with the State Welfare Conference meeting in Lancaster, in February, 1934. As a result the Chairman of the Pennsylvania Committee has arranged for a luncheon and afternoon round table discussion at the February, 1934, sessions of the Pennsylvania Conference on Social Welfare, in accordance with the written opinions from the state. At the February meeting it is hoped to crystallize further the movement toward a permanent program in social hygiene in Pennsylvania."

Pennsylvania—Erie Social Hygiene Association, Erie.—"This organization has been unable to extend its work in any field. The reduction in budget forced us to manage without full-time stenographic and office service. Expenditures for stationery and stamps, mimeographing, etc., were so reduced that the educational program suffered. There was no fund for emergency relief in case-work, and girls in moral danger looking to us for temporary aid had to be refused.

The work of rehabilitation suffered. The under-world claimed recruits we might have held, had resources been available.

The picture *Damaged Lives*, shown here in November, no doubt stimulated interest in the local social hygiene program and in the venereal disease clinic. The address of Dr. Valeria H. Parker, of the staff of the American Social Hygiene Association, at our Annual Meeting was enthusiastically praised and the work here will profit by her splendid contribution.

Aside from the increased activity of the clinic (which we prevented from closing), intensive effort through social case-work in behalf of girls, educational activities fostered by the Parent-Teacher Associations throughout the County and State, increased service in the police court and maternity clinics, continued quarantine of diseased prostitutes, and follow-up care, the work of the Society has suffered greatly in 1933 from lack of funds."

Pennsylvania—Social Hygiene Committee of the Yearly Meeting of Friends, Philadelphia.—The Committee has no activities to report for the past year, but is now considering cooperation during 1934 with the Social Hygiene Committee of the State Public Welfare Conference.

Pennsylvania—Pittsburgh Social Hygiene Committee.—Unfortunately the financial situation prevented the Pittsburgh Council of Parent Education from carrying through their proposed plan of action for local social hygiene work during 1933. We have sought and had the complete cooperation of the American Social Hygiene Association in presenting to our several Institutes on Parent Education a social hygiene message. Worthy of special attention was a discussion group led by Dr. Valeria Parker on *Social Hygiene in the High Schools*. Instead of the usual small group in attendance, over 200 high school principals and teachers eagerly sought to learn how they might best assist the young people in their care. This Institute was held in cooperation with the Western Pennsylvania Educational Association, so that we might be able to reach this strategic group of people.

The Pittsburgh Council was one of the sponsors of the movie *Damaged Lives* presented to a large invited audience of educators, social workers and prominent citizens, in December, 1933.

Pennsylvania—Reading Social Hygiene Committee, Reading.—"Of the outstanding activities in social hygiene in 1933, certainly the Reading Educational Social Hygiene Campaign must be mentioned, followed by the establishment of a Social Hygiene Committee of the Council of Social Agencies, with Dr. R. M. Alexander as Chairman and Dr. Ira J. Hain, City Health Officer, as Secretary and Treasurer. A Social Hygiene Study Institute is to be held in Reading in February, 1934, as a logical sequence of the tremendous interest aroused by the Educational Campaign. This institute will carry along ideas set

going by the Campaign and prepare the way for further concrete local social hygiene activity."

Pennsylvania—Luzerne County Social Hygiene Association, Wilkes-Barre.—"The outstanding activities for 1933 have been ten addresses with a total attendance of 846 persons; 526 home visits; 1,535 interviews; and 70 letters. The groups reached included the Social Hygiene Committee, Pennsylvania Conference of Public Welfare; the Pennsylvania State Public Health Conference; training students of the Wilkes-Barre General Hospital, the Wilkes-Barre Mercy Hospital, and the Nanticoke State Hospital; Luzerne County Medical Auxiliary; Mother's Club of Honesdale, Pennsylvania; high school students; and a conference with the judges and health authorities of Delaware County.

The Society secured a selected group of 125 people for a preview of the film, *Damaged Lives*. Publications included an article on *Social Hygiene* in the October, 1933, Public Health Nursing Magazine, and one on *Social Hygiene Work in Luzerne County* in the Pennsylvania Health Magazine, published by the State Department of Health. Bucknell University at Lewisburg sent a student who was admitted to the State Detention Ward as an inmate, for the purpose of studying this group of rehabilitation work. The raid of a bawdy house was secured where five children under the age of 15 years lived; the mother (the madam, an infectious venereal disease case) was placed in our Detention Ward; one child, a girl, in a boarding home, and the four boys in Kis Lyn Industrial School, in February, 1933. In January, 1934, the mother was declared cured, was paroled, and is working in a factory supporting herself. The children are still under supervision and getting along splendidly.

The financial depression has caused many more girls of the 'teen age to come under our charge. The greatest problem is the lack of available employment when the disposition of cases is reached.

The Society's finances have been decreased, our budget cut twice by our Community Welfare Federation. In 1934 we will endeavor to hold fast, at least to what we have."

Rhode Island—State Public Health Commission, Providence.—"The Public Health Commission through its Division of Venereal Disease Control has functioned during 1933 practically unchanged from previous years. There were no outstanding new activities carried on, but the educational, clinical and administrative branches of the work in this State have been continued as before.

Among the more important measures were the investigations of delinquent patients and sources of infection which resulted in a high percentage of these people resuming treatment. Reports on a survey of commercialized prostitution were given to police for disposition, and the action of these law enforcement officers has resulted in a much better situation in Rhode Island from the standpoint of the active spread of the diseases.

No new features are being planned for 1934 inasmuch as the appropriation for this work during this period has again been substantially reduced. We will consider ourselves fortunate if we are able to carry on as at present without curtailing many important features."

South Carolina—State Board of Health, Columbia.—"There are no outstanding activities in this state for 1933. We are doing about as little in South Carolina in regard to venereal disease control and social hygiene as it is possible for a state calling itself civilized to do. Our activities are limited to the distribution of social hygiene literature (in limited quantities) and to the furnishing of arsenical preparations (Neoarsphenamine) to the physicians at cost for the treatment of indigent cases suffering from syphilis. We believe if we could have a representative from the American Social Hygiene Association to come to this state and stimulate work along these lines it would be very helpful.

At present there are only two clinics conducted in the state—one at Orangeburg under the County Health Department and one at Charleston under the County Health Department. There is a venereal disease clinic conducted at Columbia which is independent—not under the State Board of Health.

In October a staff member of the Association, in cooperation with the state and local health officials, conducted at Charleston a week's institute for Negro physicians, with an enrollment of eleven. The purpose of the institute was to enable these doctors as general practitioners to acquire modern knowledge and practice in the diagnosis and treatment of syphilis."

South Carolina—Richland County Social Hygiene Council, Columbia.—This Council, organized in 1932 for study of local needs, has not been able to make much progress in its activities due to lack of funds and personnel. Keen interest exists, however. A staff member visited Spartanburg, Columbia and other nearby points during the spring of 1933, and a special meeting was held to consider the Council's situation. A committee of three was appointed at this time to plan ways and means for its continuance.

South Dakota—State Board of Health, Pierre.—"We have sufficient and comprehensive laws relative to the control of venereal diseases. The appropriation for the State Board of Health has been so curtailed that we are not maintaining a Division of Venereal Diseases, not even an epidemiologist, nor do we have a sufficient municipal or state nursing service. Therefore you can easily understand that our enforcement of venereal disease laws cannot be satisfactorily carried out.

The economic situation is such that the county commissioners do not allow the bills of our county health officers when the venereal disease laws are fully complied with. In some cases quarantine or detention has been employed to protect the public from persons suffering with venereal diseases.

South Dakota is a rural state having no large urban centers. Prostitutes therefore are not a problem in this State. Of course, like other states there are a large number of clandestine prostitutes. It has been the practice for health authorities to examine or cause to be examined trade groups for syphilis or gonorrhea.

Cases of gonococcus infection are regarded as infectious until at least two successive smears, taken not less than forty-eight hours apart, fail to show gonococci. Cases of syphilis are regarded as infectious until all lesions of the skin or mucous membrane are completely healed. We regard the above definition of infectiousness as sound and adequate."

South Dakota—State Social Hygiene Council.—"As to social hygiene in the State, nothing is being done as a council. The Health Division of the State Parent-Teacher Association has a new Social Hygiene Chairman, Mr. J. A. Mowry of the Eastern State Normal School, and it is hoped that a plan for advancing social hygiene activities may be worked out. Social hygiene pamphlets have been distributed and there have been requests for more. A few individual teachers in the schools are doing very good work in sex education."

Tennessee—State Department of Public Health, Nashville.—"The two activities of the Public Health Department during 1933 which might be regarded as outstanding with regard to venereal disease control are: (1) The institution of a series of surveys and treatment projects in all of the penal institutions in the State, these surveys being approached principally from the point of view of studying the relationship of the venereal diseases, particularly syphilis, to crime; (2) the continuation of an intensive venereal disease treatment project in an industrial population, chiefly white. This project was begun in 1931.

While the unemployment situation has obviously added considerable responsibilities to social hygiene agencies, it is believed that in a general way these responsibilities have been met quite efficiently and effectively.

Budgetary limitations of the Public Health Department will prevent any expansion of activities during the year 1934, but the principal objectives of the Section on Venereal Disease Control will be the improvement in the quality of treatment service rendered throughout the State, and more intensive efforts to bring about education of the general public with respect to the venereal diseases."

Tennessee—Social Hygiene Association of Tennessee, Nashville.—The Association reports that no activities have been carried on during the year, due to the illness of its president, Mr. Ike Weinstein, and lack of funds for development of a program.

Texas—State Department of Health, Austin.—No special report received for 1933 but it is understood that work has been continued

along the same general lines as described especially in the February 1933 JOURNAL OF SOCIAL HYGIENE.

Utah—State Board of Health, Salt Lake City.—"Our reduced budget has permitted no outstanding activities in 1933. We have endeavored to promote the notification of venereal disease cases, and necessary follow-up work. The fact that we have no State venereal disease clinic is especially regrettable, because of the unemployment and financial depression, and the need for treatment of infected persons who cannot afford to pay physicians."

Vermont—State Department of Public Health, Burlington.—"There is nothing in social hygiene that can be reported along other than routine lines. We are carrying on our work in this state as usual, and find that it is materially increased by the presence of several thousands of Civilian Conservation Corps men who, when they acquire venereal disease, are given two weeks' treatment in the military hospital and dishonorably discharged and sent to their homes. We receive reports of all these cases and follow them up so that they get adequate treatment. This, however, is all in a day's work, and does not seem to constitute any 'report.' You may be sure that we are keeping up our end even though you do not hear from us."

Vermont—State Social Hygiene Council, Burlington.—Under the auspices of the Home Economics Department Extension Division of the University of Vermont, an extensive program of social hygiene lectures to community groups was arranged over a three-month period. Three to four meetings were held in each of ten different counties, addressed by Dr. Valeria H. Parker of the staff of the American Social Hygiene Association. The Home Demonstration Agent in each County arranged one meeting, and various groups, such as the schools, nurses, women's clubs, parent-teachers,—other gatherings. Between five and six thousand persons attended. Dr. Parker also assisted in planning and conducting the program of the State Conference of Social Work at Middlebury in October, which was given over entirely to the discussion of family education and relations. The interest aroused by these and other projects has resulted in fresh community effort, including the recent organization of a Social Hygiene Committee in Brattleboro, which is now in the process of planning a program of activities.

Virginia—State Department of Health, Richmond.—"Since July 1, 1932, because of the necessity for economy, there has been no separate bureau of social hygiene, this bureau having been combined with the Bureau of Epidemiology. The same plan of work has been followed as previously and no unusual changes are planned for 1934.

The outstanding activities of the bureau during 1933 have been the distribution of arsenicals to the medical profession and the distribution of literature to the public. It has been impossible to carry on the program of lectures.

The incidence of venereal diseases has apparently increased slightly during 1933 but we believe this is due in large part to more accurate reporting."

Virginia—State Social Hygiene Council, University.—The Council continues its activities on a modest scale. The Secretary, Dr. D. C. Smith of the University of Virginia School of Medicine, has assisted in the preliminary arrangements for holding in Virginia an institute for general practitioners, on the diagnosis and treatment of syphilis. Dr. Smith and Dr. W. A. Brumfield have conducted a fundamental study of the epidemiology of syphilis. The material for this study was drawn from the syphilis clinic of the University Medical School. The results have been shown in an exhibit before the Virginia Medical Society, the Southern Medical Association, the American Medical Association and the American Public Health Association, and have been published in the American Medical Journal. The officers of the Council are interesting themselves in the relief problems associated with the treatment of syphilis among indigents.

Dr. Roy K. Flannagan, Medical Advisor to the Department of Public Welfare, states: that there has been during the past year a definite and consistent effort to improve and standardize the treatment of prisoners in Virginia, particularly in regard to venereal disease. Visits have been made to every jail and penal colony and instructions have been issued to physicians and followed up. The result has been very satisfactory. Steady improvement in the service is manifest. It is very plain, too, that more and more physicians in Virginia are interested in the modern treatment of syphilis.

The educational work of former years is beginning to show results. There is less hesitation in talking about venereal disease in public prints and from the platform. Altogether the outlook for venereal disease control is more encouraging than in previous years notwithstanding hard times.

Washington—State Department of Health, Seattle.—"The 1933 Social Hygiene Committee of the Washington State Medical Association made a very comprehensive social hygiene study covering the past ten-year period, which suggests that perhaps people are better off, in matters related to social hygiene, during times of financial stress than during prosperity. The conclusions of the Committee, presented as an exhibit at the State Medical Meeting, were as follows:

1. Gonorrhea incidence among criminals is at least 4.5 per cent, and not increasing.
2. Best 1932 estimates of syphilis incidence among Washington groups (based on routine Wassermanns) are: Prostitutes, 28 per cent; hardened criminals, 15 per cent; immature criminals, 4.1 per cent; insane, 12.3 per cent; average, among the hospital sick, 2.2 per cent; and Seattle food handlers, 2.2 per cent.
3. Divorces asked for in King County and Seattle are more than half of the number of marriages; both are now decreasing. (Seattle contains one-fourth the population of the state.)

4. Birth rate is falling and death rate rising in Seattle.
5. Insane commitments have fluctuated little between good and bad times.
6. The peak year for venereal disease incidence was in 1929; now declining. This conclusion is based on all admissions to the State Reformatory and Penitentiary, and routine Wassermann records in institutions, such as general pay hospitals.

Washington has a health law requiring all food handlers to be examined by a health department physician at least once yearly for communicable disease. This includes tests for venereal disease infections, including a Wassermann. Persons with gonorrhea are excluded from such work. Syphilitics may work if under treatment. Suspected persons, such as cooks, waiters, or soda girls, must be treated whether they are responsible enough to want to get well or not. The effect of the enforcement of this law is believed to have reduced the syphilis incidence among Seattle food handlers from 5.9 per cent in 1927 to 2.2 per cent in 1933. Prostitutes arrested by the police are examined for venereal diseases and if infected are paroled to a physician's care. If entirely impecunious or so irresponsible that no one will treat them, they are cared for by the health officer,—in isolation if necessary.

In spite of the very bad financial situation, both for individuals and for agencies in health work, during the depression people have not had the money for self-indulgence and for the sort of recreations that are detrimental to morals and health. With no money they stay at home and devote their surplus energies to more constructive activities.

The Seattle Parents and Teachers Councils are putting on a successful educational program in social hygiene, outside the medical aspect, utilizing the radio and a set of illustrated lectures which are making the rounds of their groups.

There is no active social hygiene association in Washington. At present a mental hygiene association covers some of the educational field, and the health departments control activities concerning venereal diseases. In between the two is an urgent need for some one capable of gathering the interests together and forming a working organization.

In spite of the difficulties cited, however, we agree with the conclusions drawn by the Medical Committee, as stated at the beginning of this report, that in general, social hygiene conditions are better than in times past and are improving."

Washington—Seattle Social Hygiene Committee.—Although there is much social hygiene interest in Seattle, the leaders of this committee have not been in a position to make it function actively during the year. The absorption of the community in relief work has commanded much of their attention. There is, however, an active social hygiene interest in the city parent-teacher council, which is stimulating home and school to appreciating the conduct problems of youth.

Washington—Pierce County Social Hygiene Society, Tacoma.—

“Our society has been merely marking time for the past year. We have voted to retain our membership in the National Association, hoping that at some future time more interest might be aroused in the local society. However, owing to the excellent work done by both the city and county health authorities, our board of directors feel that we are not warranted in asking for contributions to conduct the Society.”

West Virginia—State Department of Health, Bureau of Venereal Disease.—

“The medical program has continued with a minimum amount of interruption. Eighteen free clinics operate in the State with an average monthly attendance of approximately 3,000 individuals. In localities not served by clinics, drugs are furnished free to physicians for the treatment of indigent patients. Two clinics were closed during 1933 due to local financial and political situations. The educational work with Parent-Teacher Associations and other organizations has continued; but with the personnel of the Bureau of Venereal Diseases limited to an associate director and secretary, it is impossible to undertake an educational campaign on an effective scale. (The State Health Commissioner acts as director but gives no time to the activities.) Approximately 12,000 persons were reached last year through lecture and exhibit programs.

The social hygiene problem is of increased proportions since the beginning of the depression. Speaking generally for the state, we believe there are a large number of persons who formerly were under the care of private physicians who have discontinued treatment and have not sought clinic service. Prostitution has unquestionably increased and police enforcement has relaxed. Public interest is engaged in other matters largely relating to relief.

No extension of the work beyond the present program is planned for 1934. It is believed that the medical and educational programs will continue to develop even without stimulation. A vigorous campaign directed toward crystallizing public opinion for the abolition of commercialized prostitution appears to be the greatest need at the present time. Health officials are reluctant to take a stand against local problems of prostitution and police corruption, and the official health agency must devote its efforts chiefly to medical and educational measures. However, the national voluntary organization is not so handicapped and emphasis on this feature of the program seems an outstanding need at this time.”

West Virginia—Social Hygiene Committee of Charleston.—

“The social hygiene committee of Charleston has not been active recently. The Ministers’ Association of Charleston is undertaking some investigations of social conditions in Charleston which may prove beneficial. Later on we may be able to supply some information more definite on this line of work. That is all for the present.”

Wisconsin—State Board of Health, Madison.—The Wisconsin State Board of Health has financial alliance with 12 venereal disease clinics, located in various parts of the State, and provided with drugs and treatment by the State Board of Health. Where practicing physicians apply to the State for treatment for indigent cases, the State Board of Health furnishes arsenicals, bismuths, and mercurials. During the last few years a tremendous increase in the amount of arsenicals supplied has been necessitated because of economic conditions, the number of ampoules to both clinics and doctors being, as follows:

1929—	7,654	ampoules	of	arsenicals
1930—	9,033	“	“	“
1931—	13,609	“	“	“
1932—	14,253	“	“	“
1933—	(Report not yet ready)			

This increase is due to greater attendance at the clinics and because of an apparent increase in the number of indigent or near-indigent persons treated gratuitously or at town expense by physicians. The sum total of reports of cases coming to the State Board of Health from all sources, however, shows only a slight increase in gonorrhea and a decline in syphilis. Only cases of venereal diseases in communicable form are reported to the State.

This year, for the first time in ten years, a two-day conference was held by the State Board of Health for the doctors and the nurses who manage the State Venereal Disease Clinics. Newer methods of treatment lowering costs where possible, more efficient follow-up, were the subjects of discussion.

Social hygiene education goes on in full force under the man and woman worker who are employed full-time to disseminate knowledge as to the dangers of the venereal diseases and to suggest methods to communities and individuals of building up a saner, healthier point of view on the matter of sex. Almost each day of the school year the man and woman worker talk to several groups. The man devotes his time practically entirely to youthful groups of boys and young men, and the woman worker, besides taking school girls, meets adult groups organized in clubs. The summer time is devoted to boys' camps, 4-H clubs, scout groups and to summer sessions of teacher-training schools. One or other of the two workers is on the boards of such organizations as the Parent-Teacher Association and the League of Women Voters.

During the year 1933, 801 talks were given, totaling 41,201 persons. This gives no indication of the number of private conferences held after such talks. It is estimated that an hour and a half talk is often followed by a total of six hours of conference—personal questions of students, requests for plans by school board members, deans of girls and boys, suggestions for social hygiene material in home nursing classes, home economics classes, physical education classes, and biology classes.

A large book service is maintained by which any citizen of Wisconsin may borrow for a brief period of time and without cost any one of the books listed and approved in the revised list of social hygiene readings. Of one of the present helpful books, we have five copies which are constantly traveling to an expectant reader, and never is that book returned to headquarters but there are at least nine or ten new applicants. A large amount of literature, social hygiene outlines, are furnished to mothers' clubs, parent-teacher associations, and other groups, literature being given only upon request. Giving the literature out upon request rather than distributing it broadcast gives an indication of the eagerness of persons, teachers and other community workers to avail themselves of the social hygiene opportunities furnished by the State Board of Health. The citizens of Wisconsin are the most eager and responsive audience the social hygiene workers have ever encountered.

Wisconsin—Committee of Twelve, Milwaukee Health Department.—

“The Department social hygiene instructor has devoted only part time to lectures during 1933, due to the necessity of assisting in the venereal disease clinic of the Health Department, and also doing the work of a woman sanitary inspector.

The general program for 1933 gives about the same picture as that for 1932. There has been a marked increase in the real interest shown by various groups. No doubt some of this is due to the fact that Doctor Snow, Doctor Clarke, and Mrs. Wood, of the American Social Hygiene Association staff, spoke to various groups of club women while in Milwaukee last June. On June 15th, at the Public Museum Lecture Hall, Doctor Snow and Doctor Clarke spoke to an audience of 375 women. On the evening of June 16th, Doctor Clarke spoke to the boy workers of Milwaukee at a meeting arranged by the Central Council of Social Agencies. On the evening of June 22nd, Mrs. Wood spoke under the auspices of the Milwaukee League of Nursing Education to 175 students of nursing, on June 23rd to about 130 public health nurses of the Health Department, and nurses of the Visiting Nurse Association, and on June 27th to a group of women interested in the problems of youth.

In 1933 the Milwaukee Health Department social hygiene worker had 750 individual conferences, gave 140 lectures to about 9,000 people, and distributed 12,000 pamphlets. Factory, laundry, church, county jail, women's club, social center, schools of beauty culture, student nurse, and Y.W.C.A. groups, were included in those reached by our lecture service.

In the special survey made by the social hygiene instructor of Wassermann tests on obstetrical cases in Milwaukee hospitals, it was shown that in 1,830 tests 2.95 per cent were positive.

The eleven months total of individuals registered at the Venereal Disease Diagnostic Clinic of the Health Department was 2,109. Of these, 1,527 were new cases.”

Year	Total Visits	Wassermanns		Smears	
		Total	Positive	Total	Positive
1929.....	2,272	829	215	372	106
1930.....	2,889	775	175	322	111
1931.....	3,209	783	150	360	129
1932.....	3,690	986	179	545	129
1933 (11 mo.).....	3,223	715	106	487	86

Wisconsin—Milwaukee Society for the Suppression of Commercialized Vice.—"Our Society is active only spasmodically. The reason for this is that we have a very efficient Police Department and they are giving as much and as satisfactory attention to commercialized vice as to any other form of law violation. Possibly if the membership of our organization had more time, we might find some reason to complain. However, as we have been observing conditions we are quite satisfied with the work of the Police Department in this connection."

Wyoming—The State Department of Public Health, Cheyenne.—"On account of drastic budget cuts, no social hygiene activities have been planned for the biennium 1933-1934."

Field reports by staff members of the American Social Hygiene Association have revealed certain interesting facts about the general social hygiene situation in Wyoming. Local information was obtained to the effect that reports indicate venereal diseases are increasing, and that transients are a factor in the spread of the disease. About half the physicians cooperate by reporting cases. There are no clinics in the State. The Department of Public Health has asked for Federal funds to be used for medical relief, but up to the time of this report has been refused. Prostitution conditions are bad, and there is practically no enforcement of laws.

The White House Conference has become the social work conference of Wyoming, its chief emphasis being upon general child welfare. Mr. Newell W. Edson of the National Association addressed the Second Annual Conference in 1933 on *Social Hygiene and Childhood*, his talk resulting in requests for several additional lectures in the State. There is considerable favorable sentiment toward the need for a social hygiene committee in the Conference, and promise of its appointment. Representatives of certain State and local groups such as the schools, including the Indian schools, the Federated Women's Clubs, and the Parent-Teachers Associations show a keen interest in the subject and eagerness for support by the National Association.

THE FEDERAL PROGRAM FOR CONTROL OF THE VENEREAL DISEASES

No account of social hygiene activities in the United States is complete without some mention of the Federal program. For details the reader is referred to the Annual Reports of the official bodies concerned.

Division of Venereal Diseases, United States Public Health Service.—The research projects for the fiscal year 1933 have included an experimental resurvey in the field of personal prophylaxis, a study of untreated syphilis in the Negro, of which the objective is to ascertain the relative benefits received from adequate as against inadequate treatment, cooperative clinic studies, and studies of the prevalence of the venereal diseases. The Venereal Disease Clinic at Hot Springs, Arkansas, examined 4,036 individuals applying for treatment, and treated 2,883 found to have a venereal disease. Fifty-six per cent of these patients were infected with both syphilis and gonorrhea. The Division extended aid to Tennessee, North Carolina, and Alabama in developing venereal disease activities intended to become part of their permanent programs. Forty-seven States reported 386,597 cases of venereal diseases (234,647 syphilis, 149,527 gonorrhea, and 2,423 chanroid). A study of 69,000 marine hospital beneficiaries is being conducted to determine the occurrence of syphilis among admissions for hospitalization under some other diagnosis. Twelve per cent of patients in these hospitals have syphilis. Among other things it is desired to learn how long syphilis prolongs hospitalization in cases where it complicates some other illness.

The United States Army.—The 1933 report of the Surgeon General of the Army states that the rate for venereal diseases in 1932 was the lowest in the history, or 42 per 1,000. During 1932 this group of diseases was responsible for 6.4 per cent of admissions for all classes of illness and injury, 5.2 per cent of all discharges, and 15.0 per cent of all time lost. Gonorrhea stands first in point of time lost over the last four years, tuberculosis second, and syphilis third. In 1932 the average time lost for each case of gonorrhea was 42.1 days.

The United States Navy.—In the Navy, according to the 1933 Annual Report of the Surgeon General, venereal diseases were responsible for 24 per cent of total admissions to sick report for all causes, and 16.7 per cent of total sick days. This group of diseases occupied second place among causes of morbidity and contributed the largest number of sick days of any group. The venereal disease admission rate in 1932 was 133.62 per 1,000 total personnel. The rate for forces ashore in the United States was 58.72 per 1,000; for forces ashore in China, 405.73; for forces ashore elsewhere outside the continental limits of the United States, 116.10. Drastic action is being taken to reduce the extremely high venereal rate in the Asiatic Station.

STATE AND LOCAL SOCIAL HYGIENE SOCIETIES IN THE UNITED STATES

Alabama

Birmingham Council for Social Hygiene	Miss Zoe LaForge, Secretary Box 2591, Birmingham
---------------------------------------	---

California

Social Hygiene Council of Southern California	Dr. Paul Popenoe, Acting Chairman 321 Pacific Southwest Building, Pasadena
Oakland Social Hygiene Committee	Dr. Thomas J. Clark, Chairman 40 Ross Circle, Oakland
San Francisco Social Hygiene Committee	Dr. Samuel Goldman, Secretary 527 Mason Street, San Francisco
Sex Education Society	Miss Grace A. McGaw, Secretary 68 Post Street, San Francisco

Connecticut

New Haven Social Hygiene Committee *	Dr. Maurice J. Strauss, Secretary 59 College Street, New Haven
--------------------------------------	---

District of Columbia

Social Hygiene Society of the District of Columbia	Mr. Ray H. Everett, Executive Secretary 927 Fifteenth St., N.W., Washington
--	--

Florida

Florida Social Hygiene Council	Mrs. Willis M. Ball, President 1855 Powell Place, Jacksonville
--------------------------------	---

Georgia

Georgia Social Hygiene Council	Prof. Ralph E. Wager, President Emory University
--------------------------------	---

Illinois

Committee of Fifteen	Mr. Charles E. Miner, General Director 203 North Wabash Avenue, Chicago
Illinois Social Hygiene League	Dr. Louis I. Schmidt, President 9 East Huron Street, Chicago
Illinois Social Hygiene Council	Dr. Rachelle S. Yarros, Chairman 9 East Huron Street, Chicago
Juvenile Protective Association	Miss Jessie L. Binford, Secretary 816 South Halsted Street, Chicago

Indiana

Social Hygiene Committee, Indiana Tuberculosis Association	1219 Meyer-Kiser Building Indianapolis
--	---

* Inactive at present.

Iowa

Iowa State Social Hygiene Committee

Mrs. Carl Magdsick, Chairman
Charles City

Kansas

Social Hygiene Committee, Kansas
Council of Health, Education and
Public Welfare

Mrs. James H. Whipple, Chairman
708 Sumner Street, Topeka

Kentucky

Kentucky Social Hygiene Association

Miss Margaret Flynn, Secretary
532 West Main Street, Louisville

Louisiana

Baton Rouge Social Hygiene Committee *

New Orleans Social Hygiene Association

Mrs. Ruth Denis Ellis, Executive
Secretary
205 New Orleans Court Building,
New Orleans

Maryland

Maryland Social Hygiene Society *

Mr. James M. Hepbron, Acting Secretary
22 Light Street, Baltimore

Massachusetts

Massachusetts Society for Social Hygiene

Mr. Frank Kiernan, Executive Secretary
1150 Little Building, Boston

Lowell Social Hygiene Society

Mr. Harold Howe, President
Y.M.C.A., 272 Merrimack Street,
Lowell

Michigan

Detroit Social Hygiene Conference

Dr. Edith Hale Swift, Director
Witherell Street at Malcolm, Detroit
Rev. E. Paul Sylvester, Chairman
Grand Rapids

Social Hygiene Committee, Welfare
Guidance Bureau of Grand Rapids

Minnesota

Woman's Cooperative Alliance *

Mrs. Robbins Gilman, General Secretary
404 South 8th Street, Minneapolis

Missouri

Kansas City Social Hygiene Society

Mrs. Mary D. Ream, Executive Secretary
1020 McGee Street, Kansas City

Society for the Suppression of Commercialized Vice

Mr. Nat Spencer, Secretary
510 Ridge Building, Kansas City

Missouri Social Hygiene Association

Dr. Llewellyn Sale, President
3720 Washington Boulevard, St. Louis

Missouri Social Hygiene Council *

Rev. Alphonse Schwitalia, Chairman
1402 South Grand Boulevard, St. Louis

* Inactive at present.

New Mexico

New Mexico Social Hygiene Association

Mr. Donald MacKay, Secretary, Department of Education, The Capitol, Santa Fe

New York

Albany Social Hygiene Committee

Mrs. Theodore Sonnenfeld, Chairman
745 Western Avenue, Albany

Buffalo Social Hygiene Committee

Social Hygiene Committee, New York Tuberculosis and Health Association

Dr. Jacob A. Goldberg, Executive Secretary

386 Fourth Avenue, New York

State Committee on Tuberculosis and Public Health, New York State Charities Aid Association

Mr. George J. Nelbach, Executive Secretary

105 East 22nd Street, New York

Syracuse Morals Committee

Mr. Almus Olver, Chairman

327 Montgomery Street, Syracuse

Utica Crime Prevention Committee

Mrs. Ada Sweet, Secretary

2814 Genesee Street, Utica

Social Hygiene Committee, Yonkers Tuberculosis and Health Association

Dr. Elton Littell, Chairman

30 South Broadway, Yonkers

Ohio

Cincinnati Social Hygiene Society

Dr. Carl A. Wilzbach, Executive Secretary

312 West 9th Street, Cincinnati

Cleveland Social Hygiene Association

Mr. Delo Mook, President

621 Federal Reserve Bank Building, Cleveland

Ohio Social Hygiene Council

Dr. Robert G. Paterson, Secretary

72 South 4th Street, Columbus

Toledo Social Hygiene Council

Mrs. H. P. Strater, President

2520 Parkwood Avenue, Toledo

Oklahoma

Social Hygiene Committee, Tuberculosis Society of Oklahoma City *

Oregon

Oregon Social Hygiene Society

Mr. Fred B. Messing, Executive Secretary

508 Woodlark Building, Portland

Pennsylvania

Erie Social Hygiene Association

Mrs. Harriet Powell, Executive Secretary

216 Marine Bank Building, Erie

Pittsburgh Social Hygiene Committee

Mrs. Saul Lavine

care of H. C. Frick Training School
Thackery Street, Pittsburgh

Social Hygiene Committee Yearly Meeting of Friends

Miss Sara N. H. Houghton, Secretary

1515 Cherry Street, Philadelphia

* Inactive at present.

Pennsylvania

Social Hygiene Committee of the
Pennsylvania Conference on Social
Welfare

Mr. Charles Alspach, Secretary
526 Washington Street, Reading

Reading Social Hygiene Committee

Dr. Ira J. Hain, Secretary
Department of Public Safety,
Reading

Luzerne County Social Hygiene
Society

Miss Nelly G. Loftus, Executive
Secretary
71 North Franklin Street, Wilkes
Barre

South Carolina

Richland County Social Hygiene
Council

Mr. A. C. Flora, Chairman
Superintendent of Schools, Columbia

South Dakota

South Dakota Social Hygiene
Council

Mr. M. C. Haecker, Secretary
Waubay

Tennessee

Social Hygiene Association of Ten-
nessee *

Mr. Ike Weinstein, President
Nashville

Vermont

Vermont Social Hygiene Council

Mr. Harold W. Slocum, Secretary
209 College Street, Burlington

Virginia

Virginia Social Hygiene Council

Dr. D. C. Smith, Secretary
University of Virginia, University

Washington

Seattle Social Hygiene Committee

Rev. E. Raymond Attebery, Chair-
man
30th Avenue South and King Street,
Seattle

Pierce County Social Hygiene
Society

Mr. Henry C. Simonds, Secretary
Court House, Tacoma

West Virginia

Social Hygiene Committee of
Charleston

Mr. B. P. Taylor, Chairman
Washington and Dickinson, Charles-
ton

Wisconsin

Milwaukee Society for the Suppres-
sion of Commercialized Vice
Committee of Twelve

558 Jefferson, Street, Milwaukee

Miss Hazel McCarthy, Secretary
care of City Health Department,
Milwaukee

* Inactive at present.

THE ANNUAL BUSINESS MEETING

The annual business meeting of the Association was held at 4 P.M., Wednesday, January 31st, at the offices at 450 Seventh Avenue, following a meeting of the Board of Directors. Officers were elected as follows: Honorary President, William H. Welch, M.D., President, Edward L. Keyes, M.D., Vice-Presidents, Roscoe Pound, Eugene L. Bishop, M.D., Ray Lyman Wilbur, M.D., Mary E. Woolley; Treasurer, Timothy N. Pfeiffer; Secretary, Mrs. Henry D. Dakin; Members of the Board of Directors whose terms expired in 1933 were reelected as follows: Maurice A. Bigelow, Elizabeth Campbell, M.D., John M. Cooper, Raymond B. Fosdick, Mary S. Gardner, John H. Musser, M.D., E. Granville Crabtree, M.D., A. J. Chesley, M.D., and Florence M. Read were elected as new members of the Board.

An account of the committee reports and discussions held during the meeting will appear in the March JOURNAL.

ANNOUNCEMENTS

This Month.—The reports sent in by the states and communities contain such interesting accounts of past achievements, work in progress and future plans that we are publishing them for the most part "as is," in the belief that our readers will want the complete picture. A limited quantity of this number of the JOURNAL will be available at the usual price—35 cents per copy—in case additional copies are desired for reference purposes by libraries, health agencies or other groups dealing with social hygiene. Reprints of the list of social hygiene agencies on pages 123–26 may be secured *free of charge*.

Next Month.—Special articles in the March issue of the JOURNAL will include: *School Exclusions for Gonorrheal Infections in Washington, D. C.*, by Dr. Ella Oppenheimer and Ray H. Everett, a summarized report of a recent study. *A Young People's Bill of Rights*, by Emma C. Puschner, Director of the National Child Welfare Department of the American Legion; and two reports on projects

recently conducted by the Association's staff: *Instruction Regarding Syphilis in American Medical Schools*, and *Syphilis and the General Medical Practitioner*, the latter article relating to the institutes provided for Negro physicians to assist them in diagnosing and treating syphilis.

"Damaged Lives."—This new talking motion picture drama, with the film talk "Science and Modern Medicine" has now been shown in the United States in 150 theatres in 18 states, before audiences of more than 500,000 persons. According to reports received from health officers and other agencies, exhibition of the films results in prompt increase in the number of persons requesting Wassermann tests, or taking up treatment again after having been "lapsed" patients. The same result is reported in Canada and England, a 25% increase in clinic attendance being reported in the latter country following showings in London, Birmingham, Manchester and other cities.

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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER
AT 372-374 BROADWAY, ALBANY, N. Y., FOR
THE AMERICAN SOCIAL HYGIENE ASSOCIATION
EDITORIAL OFFICES
450 SEVENTH AVENUE, NEW YORK CITY

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JEAN B. PINNEY, MANAGING EDITOR
WILLIAM F. SNOW, EDITORIAL CONSULTANT

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

The JOURNAL OF SOCIAL HYGIENE is supplied to active members of The American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each.

Price \$3.00 per year; 35 cents per copy.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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Title Registered, U. S. Patent Office.

Member, Union Internationale Contre Le Pêril Vénérien
4 rue de Sèvres, Paris, France

Journal of Social Hygiene

VOL. XX

MARCH, 1934

NO. 3

SCHOOL EXCLUSIONS FOR GONORRHEAL INFECTIONS IN WASHINGTON, D. C.

ELLA OPPENHEIMER, M.D.

Children's Bureau, United States Department of Labor

AND

RAY H. EVERETT, F.A.P.H.A.

Executive Secretary, District of Columbia Social Hygiene Society

Preface

Because many individuals and organizations in Washington, interested in children and in the control of the so-called venereal diseases, syphilis and gonorrhea, felt that some provision should be made for the education of children who apparently were excluded from school for relatively long periods of time due to these infections, a limited study* was undertaken (April-June, 1932) by the United States Children's Bureau and the Social Hygiene Society of the District of Columbia. Its aims were to determine the facts regarding the probable numbers of such children, the period of their exclusion from school, aspects of their social and economic background and of their treatment, and treatment facilities in Washington which had a bearing on the problem. Because an individual with syphilis is rendered non-infectious from the point of view of ordinary social relationships after a few treatments, the study was limited to venereal disease of gonorrheal or presumably gonorrheal origin.

* Field work and detailed report done by Anne Ruth Medcalf.

The study was made possible by the cooperation of the Health Department, the Attendance Department of the Board of Education, the Children's Hospital, the Board of Public Welfare, the Juvenile Court and other agencies. This report presents a summary and brief comments on the conditions found.

An Earlier Study

In 1929 at the request of the Washington Council of Social Agencies the Committee on Administrative Practice of the American Public Health Association made a Health and Hospital Survey of Washington. The following excerpt from that report, which was published in 1930, indicated the need for more careful study of the problem of children in Washington who are excluded from school because of a venereal disease.

"When a child is reported to the health department as having an infectious disease, such as syphilis or gonorrhea, that child is excluded from school. These reports to the health department come mainly from hospitals with a few from private practitioners. Figures as to the total number of children excluded from school and the duration of exclusion are practically unobtainable due to the system which is in operation. Apparently there is no check on these cases from the attendance point of view by the board of education or the health department. When a case, infectious and of school age, is reported to the health department the record is filed with other records without cross indexing. To make a census of the number of children excluded from school and the time they have been absent, it would be necessary to visit each school and obtain the information from the school register. There is a central file, however, for children excluded on account of syphilis or gonorrhea whose schools are not known to the board of education and among these were some who had been excluded more than two years on account of syphilis or gonorrhea. Whatever is being done for these children in the way of treatment, their education is being neglected.

"Of the record system as a whole it may be said that it is very imperfect. The records of children excluded on account of infectious diseases should be more complete and should be kept up to date so as to indicate in a central file the number excluded, classified according to:

- (a) School to which child belongs
- (b) Diagnosis
- (c) Age
- (d) Sex
- (e) Date of exclusion

"These children should be under active supervision so as to assure continuation of schooling, competent treatment, readmission as soon as noninfectious, and protection from reinfection. The latter point involves the study of the source of infection in the case of each child.

"Light is thrown on this problem by a limited study of the statistics of the social hygiene clinic operated by the District of Columbia health department. The number of cases and the period of exclusion from school of children under treatment in the social hygiene clinic on June 10th, 1930, are shown in the following table:

NUMBER OF CHILDREN EXCLUDED FROM SCHOOL FOR VARIOUS PERIODS

WASHINGTON, D. C.

<i>Length of Time Excluded from School</i>	<i>Number Excluded</i>
Up to one year.....	22
One to two years.....	13
Two to three years.....	6
Three to four years.....	2

"Under satisfactory conditions it would be rarely that a child would need to be excluded from school for more than one year. A child who cannot be rendered noninfectious in less than one year of home treatment should be taken into a hospital for treatment. During the time that children are under treatment in hospitals their education should be continued in special classes, a practicable plan which is being carried out in some places. Children under treatment at home should continue their schooling under the supervision of a visiting teacher and the treatment should be supervised by a visiting nurse. Furthermore in the case of every child found to have syphilis or gonorrhea, it is most important that a careful search should be made for the source of infection, beginning with a study of the other members of the family. It will be found, in most cases of gonococcal infections in young children, that some member of the family is the source of infection. In older children acquired infection with syphilis is fairly common, but in all cases of syphilis the possibility of congenital syphilis should be considered. If, in the case of gonococcal vaginitis, the source of infection is in the home and remains undiscovered, the child is liable to reinfection. The source of infection, after being discovered, should be brought under treatment, invoking if necessary the aid of the juvenile court to compel treatment until noninfectious."

The 1932 study on which this present article is based used this statement from the 1929 survey as a guide for much of its investigation.

Need for Coordinated Effort

Efficient social case work demands a prompt check-up on every new application for aid. Intelligent handling necessitates knowledge of what other agencies are or have been doing to help the individual or family applying. Most communities

have some centralized facility serving as a clearing house for such information, either a comprehensive social service exchange such as exists in the large city, or a committee or individual as in smaller places.

On an informal scale this same practice should be encouraged in certain specialized sectors of the health and welfare fields, such a one, for instance, as this brief article outlines. A number of case histories in this study indicate that there exists, along with the now famous "forgotten man," the forgotten child—infected with a menacing disease but often lost track of through lack of a central agency vested with the authority and duty of care and follow-up, and the absence of a workable, mechanical set-up for the exchange of information regarding him. Information on school exclusion periods, course of treatment, and other social and health data were found so scattered among the Health Department, Attendance Department, clinics, courts, Board of Public Welfare and other agencies, that confusion in handling and, in a number of instances, detriment to the child has resulted.

The survey showed examples of children out of school but not receiving regular treatment; of children who, though still out of school according to official records, were attending school; of children whose home conditions showed clearly the need for more intelligent provision for them; and of children who, though out of school according to attendance department records, had been sent to the National Training School or other institutions. Frequently overcrowding and other unfavorable economic conditions favored the spread of infections, and efforts at adjustment on the part of social agencies often were not successful.

Study Methods Employed

All recorded school exclusions for syphilis or gonorrhea were obtained from the Department of Health and the Attendance Department of the Board of Education. In addition, because it was known that the Dispensary of the Children's Hospital maintained a large and active clinic for the treatment of children with genito-urinary diseases, its files were searched for all cases of vaginitis treated there during the two school years—1930-31 and 1931-32—and the records of all

such children of school age were studied in detail. In order to get a picture of some of the social aspects of the problem in Washington, an unselected group of thirty-six children who, on the basis of Attendance Department records were thought still to be out of school at a given date and whose records indicated that they had been excluded for two months or more, were studied more intensively. They were checked with the social service exchange for social agency records, and the latter were looked into where they existed. In addition the homes of these children were visited. During the investigation it was found that the Board of Public Welfare had under its care children with gonorrheal infection of whom there were no records either at the Health or Attendance Departments. Therefore, the records of cases carried currently by the Department of Public Welfare were also studied.

Summary of Findings

1. A total of 321 school children, 259 girls (210 colored and 49 white) and 62 boys (55 colored and 7 white) were found listed by the four agencies whose records were studied, as having either a definite or suspicious gonococcal infection. (The 321 individual children involved 537 records, 159 being recorded by one agency only, 110 by two, 50 by three and two by four agencies.)

The accompanying table summarizes the age, sex, and color distribution of the children whose records were studied.

The ages of these 321 individual children ranged from a small number under six years to one twenty-one years of age. Most of them were of compulsory school age (7-15 inclusive). All under seven years and 16 and over had actual records of school exclusion. The predominance of girls, and of the colored is evident. Sixty-five per cent of the individuals whose records were studied were colored girls, approximately half of whom were adolescent. Among the white there were few in the adolescent period.

2. The data gathered indicated that the extent of school exclusions because of gonococcal infection among children in the District was not as great as had been indicated in the previous report.¹ Although the range of exclusion periods was

¹ Cf. page 131.

great, large numbers of children whose exclusions appeared on the records to have been greatly prolonged were at institutions where full or part-time school work was available.

COLOR, SEX AND AGE DISTRIBUTION OF 321 CHILDREN RECORDED BY AGENCIES AS HAVING DEFINITE
OR SUSPECTED GONOCOCCUS INFECTION

Age	Total			Males			Females		
	Total	White	Colored	Total	White	Colored	Total	White	Colored
Total	321	56	265	62	7	55	259	49	210
Under compulsory school age.....	25	5	20	3	....	3	22	5	17
Under 6 years.....	4	....	4	1	....	1	3	....	3
6 years, under 7.....	21	5	16	2	....	2	19	5	14
Compulsory school age.....	203	43	160	24	4	20	179	39	140
7 years, under 8.....	16	5	11	1	....	1	15	5	10
8 years, under 9.....	23	8	15	2	1	1	21	7	14
9 years, under 10.....	36	11	25	3	....	3	33	11	22
10 years, under 11.....	20	5	15	2	....	2	18	5	13
11 years, under 12.....	22	5	17	2	....	2	20	5	15
12 years, under 13.....	13	4	9	3	2	1	10	2	8
13 years, under 14.....	15	1	14	3	....	3	12	1	11
14 years, under 15.....	29	2	27	5	1	4	24	1	23
15 years, under 16.....	29	2	27	3	....	3	26	2	24
Over compulsory school age.....	80	6	74	30	1	29	50	5	45
16 years, under 17.....	32	2	30	10	....	10	22	2	20
17 years, under 18.....	23	1	22	8	....	8	15	1	14
18 years, under 19.....	14	3	11	6	1	5	8	2	6
19 years, under 20.....	7	....	7	2	....	2	5	....	5
20 years, under 21.....	3	....	3	3	....	3	....	....	....
21 years and over.....	1	....	1	1	....	1	....	....	....
Not reported	13	2	11	5	2	3	8	....	8

This does not minimize the undesirable consequences to the child with a school exclusion of several months. The period of exclusion tended to greater length in the adolescent age groups.

3. Considerable evidence was gathered of faulty reporting to the Department of Health. Approximately 35 per cent of the total 321 children listed by the four agencies whose records were studied, were not registered for exclusion by the Department of Health.

4. It was found that very few children were actually out of school during the entire period of their official exclusion; also that some children who had been authorized to return were still out of school.

5. Children were found excluded from school but not under regular medical supervision and treatment because of failure of parents to understand the need for it, economic and social conditions, and inadequate social service follow-up.

6. Information available at various agencies on individual children who were also visited in their homes indicated a woeeful lack of exchange of accurate information in regard to the child's condition among the various interested agencies. Incorrect and frequently distorted statements regarding the venereal diseases were frequently noted in social case records.

Case Comments

A girl of 15, brought into Juvenile Court on an assault charge (in defending her mother she threw a lamp at her step-father) had the following information given concerning her: "Immorality—girl has gonorrhea." Her record shows no indication of immorality save the fact that she was diseased. Many social workers and others still accept infection as *prima facie* evidence of immorality, a particularly harmful practice when it may involve the muddling of health and legal treatment.

A nine year old boy was reported by a clinic to the Health Department for school exclusion on August 25th and, at the time of study, had been out of school the whole school year. The history says "The boy's record at the clinic showed that for nearly a year he had made but two visits there, the second four days after the first. Apparently only one smear was

made. It was positive." The boy was not receiving treatment elsewhere. This seems a gross failure in follow-up. If the responsibility is taken for excluding a child from school for a long period of time, a responsibility certainly exists for seeing that he receives treatment.

The following story needs no comment:

"The family of a seven-year-old girl consisting of step-father, mother, the girl excluded from school (an illegitimate child), a half-sister of three years, and a two-year-old half-brother, lived in one room of a rundown stucco house, for which they pay \$2.50 per week. There were other roomers in the house and common kitchen facilities were used by all. There were no bathing facilities and the toilet was an outside one. The mother had not taken the infected child to the clinic for two weeks because she hadn't the carfare."

Recently since this study was made there has come to our attention a further illustration of the grave gaps in the community's educational, recreational and social defenses furnished by conditions cited in a school from which five teen-age girls are now attending the venereal disease clinic. These children, whose parents were absent from home all day, lived in a neighborhood wholly lacking in wholesome recreational facilities. Neither in their homes nor school have they been given any degree of sex education. In addition to providing better educational and recreational safeguards for the children, the community owes a duty to itself—the duty of making a vigorous search for the sources of these infections in order that they, too, may be placed under treatment.

Social and Economic Factors

Many of these children came from broken homes; some had been removed from their homes and placed under public care. Neglect and absence of adequate parental supervision is responsible for both accidental infection and that which may be results from illicit sexual contact.

Other home conditions which were important factors include overcrowding, lack of decent sanitary facilities, promiscuity in the use of bedding and towels and other conditions promoted so largely by poverty.

Local Efforts to Improve Conditions

Conditions such as those described are familiar to most of our welfare agencies, and their correction enters into the long-range series of social and health work objectives. But steps already have been taken to remedy some of the obvious lacks in Washington's community resources which have handicapped past efforts in this field. An increase in staff and in clinic hours at the Social Hygiene Clinic of the District Health Department has lessened crowding and provided for greater efficiency in treatment. This department also maintains now a separate file for the cards of children excluded from school because of venereal infections.

The Social Hygiene Society called a meeting of representatives from the health and social work agencies concerned with the problem of venereal disease and frank discussion was had of points brought out by the study. Plans are under way for further meetings of this group, the objective being to secure the utmost in effective cooperation aimed towards educational work for the prevention of infection, and a coordination of activities which will assure prompt and effective treatment of infected children with a minimum of school exclusion time.

The Children's Bureau and the Social Hygiene Society concurred in the following tentative recommendations as indicative of a problem and possible methods for dealing with it:

Recommendations

1. Reporting to the Department of Health by all clinics, hospitals and physicians treating these cases should be stimulated.

2. Provision should be made for adequate check-up in regard to school attendance of all cases officially excluded from school, and also for adequate medical supervision of these children. Responsibility for the former would seem logically to rest with the Attendance Department, responsibility for the latter would seem to rest with the Health Department.

Whatever measures are mutually agreed on by these two public agencies should assure such record-keeping, medical treatment and follow-up as will guard both the health and educational rights of the child. Absolute lines of demarcation between the duties of the two departments can not be

laid down here. Responsibilities should be assumed on the basis of functional objectives. For instance it seems logical that continuance of medical treatment should be a responsibility of the Health Department and this involves such follow-up as may be necessary to assure an adequate continuity of treatment. Similarly continuance of education is the concern of the Department of Education. The community may fairly charge this department with the duty of checking up on exclusions and keeping in touch with every case so that the exclusion period may be made as brief as possible.

3. Provision should be made for the instruction of those children within the compulsory school attendance age who are excluded from school and are not in institutions.

4. It should be recognized that this problem of children, largely girls who are excluded from school because of gonococcal infection, has two aspects, first that of the young child, and second, that of the adolescent individual whose infection frequently has been due to sexual relations. The special needs—both social and medical—of each group should be met.

Neglect both of health teaching and sex education in school and home, together with lack of wholesome recreation facilities are responsible for many infections in the adolescent group. The school and health department workers responsible for dealing with these children should be qualified to aid them to a better understanding of sex problems. The provision of better recreational facilities is a community responsibility in which both public and private agencies should take part.

The occurrence of the infection in the young child indicates, as has been repeatedly emphasized in the past, the importance of further careful studies on the epidemiology of gonorrheal infections.

5. A series of lectures should be arranged for social workers, and others, covering the social and medical aspects of the venereal diseases in children. (The Social Hygiene Society already has planned such an institute for the District of Columbia.)

6. The desirability of further scientific research on the whole subject of gonorrheal infection and its treatment is indicated by this study as by many others. Every effort should be made to make such research possible.

A YOUNG PEOPLE'S BILL OF RIGHTS *

EMMA C. PUSCHNER

Director, National Child Welfare Division, The American Legion

We no sooner state this subject than we are reminded of the *Children's Charter* that came out of the White House Conference on Child Health and Protection held in Washington, D. C., in 1930.

The first two pledges of that *Children's Charter* are:

1. *For every child spiritual and moral training to help him stand firm under the pressure of life.*
2. *For every child understanding and the guarding of his personality as his most precious right.*

And when we supplement these first two pledges in the Charter with the famous third one:

3. *For every child a home and that love and security which a home provides; and for that child who must receive foster care, the nearest substitute for his own home . . .*

we have all the requirements essential to the best child welfare that can and should be provided for our children.

But we are too prone to take these three pledges and repeat them in much the same way as some folks repeat the formula of Coué: "Every day in every way I am growing better and better." Unless the mind and heart and soul are all working together in an effort for improvement, no mere formula can work for us.

And so it is necessary, when we think in terms of child health, that we must think of it in terms of physical hygiene, mental hygiene and social hygiene, all combined in practical every-day needs for our children. If we build up the body and neglect the mind and spiritual well-being, we have only a robust, healthy youngster physically. It is hardly necessary for any one to demonstrate that a robust, healthy youngster who has not been trained in the constructive uses

* A paper presented at the Regional Conference on Social Hygiene, Indianapolis, Indiana, October, 1933.

of his mental and social faculties, can get into more serious mischief than a child with less health and energy. Therefore, in a *Young People's Bill of Rights*, the three essentials to good health are so completely interrelated that to neglect any one of them in a plan for child welfare means the breaking down of all the others.

Victor Hugo said, "The eighteenth century was man's century, the nineteenth is woman's," and to this added Ellen Key, "and the twentieth is the century of the child." The child has become "the center of the social order." This is as it should be. The child has rightfully become the outstanding consideration in the forward march of civilization. Unless the child receives the essential care and protection that establishes security for it as it grows into adulthood, there will be a constant gradual breaking down of civilization.

In 1924 there was adopted by the Fifth Assembly of the League of Nations as a *Children's Charter*, as a minimum obligation to children, the following:

1. The child must be given the means requisite for its normal development, both materially and spiritually.
2. The child that is hungry must be fed; the child that is sick must be nursed; the child that is backward must be helped; the delinquent child must be reclaimed; the orphan and waif must be sheltered and succored.
3. The child must be the first to receive relief in times of distress.
4. The child must be put in a position to earn livelihood and must be protected against every form of exploitation.
5. The child must be brought up in the consciousness that its talents must be devoted to the service of its fellow men.

This charter provides the essentials for healthy life from childhood into adulthood. The fact that such a charter was adopted by the League of Nations in 1924 even before our own White House Conference Children's Charter was adopted in 1930, shows how world-wide has become this interest of proper care and protection of children.

But in order to safeguard the child,—in order to aid the child in growing into the kind of good useful citizen that is demanded by society and civilization, we adults must set

the standards, must show the way to youth, because the true responsibility lies with the adult generation, and the stride we set will be followed by youth. Youth is the imitator. Youth mimics what it finds in its environment. Youth will even go us one better and show us that it can do right or wrong just a bit beyond our own standards.

It appears then that in speaking on *A Young People's Bill of Rights*, we must at once turn to the adults among whom these young people live, and challenge these adults ever to watch their step because each and every one of them becomes an example, even an ideal, for some growing boy or girl. To condemn the younger generation at any time is an indictment upon the adult generation; it cannot be considered a reflection upon youth, because youth is what the adults make it. The breakdown of law and order during the recent years came through the rebellion of adults against legal enforcements of a nature repellent to many; the violations committed by adults were naturally followed by youth, and when youth follows any example, it does it a bit more in extreme; its very vigor and lack of maturity makes action of youth for good or bad more intense.

And so in this *Young People's Bill of Rights*, we must especially make demands upon parents.

When one's thoughts are more ably expressed in language by some one else, then it is wise to quote those expressions rather than to coin new. Therefore I wish to quote from an article entitled *The Child's Bill of Rights*, written by Anna Garlin Spencer, which appeared in the February 1930 issue of *The Ladies' Home Journal*. In this article Dr. Spencer commented on the great value of the White House Conference Children's Charter of 1930, but added that there are some additional considerations to be included to enlarge the fundamental rights of the child. Among these considerations she placed the sound basis of social hygiene objectives, and the value of her suggested pledges for *The Child's Bill of Rights* are as follows:

"1. The right of the child to two legal parents; this to secure him, in advance, a favorable social position and to counteract any idea that one parent, even a wise and tender mother, is sufficient for the best upbringing of a child.

(This right implies that married parents of children under twenty should not indulge in divorces and separations for trivial or curable causes.)

2. The right to a competent mother to insure the first two or three years of life in health, happiness and growing power.

(This right implies that 'substitute mothers' if employed or secured for foster care, shall be morally, mentally and physically fit.)

(Speaker's comment: It is a startling truth that in very few of the children's institutions in this country is even a certificate of the condition of health of a children's institutional worker required before that worker is entrusted with the daily care and training of children in the public and private institutions; and so far as requirements of training and experience for the work is concerned, many of the institutions set absolutely no standards and requirements for their institutional workers.)

3. The right to a competent father, to stand back of the mother and help make a home adequate at least to the minimum of normal life's demands.

(This right implies vocational training and adjustment suited to the personal need of all normal men, and wages adequate to a decent standard of living.)

4. The right to community surroundings that will make possible the successful achievement of parental duty.

(This right implies sanitary towns, good housing, safe streets, and a high average of official service.)

5. The right to census provisions for vital and social statistics that will make it sure that every child is counted in the population of his nation, state and community, and that he be accounted for in all social relationships.

(This right includes such control of migratory labor, and such school statistics, as shall prevent the dropping from social care of any child.)

6. The right to State protection against industrial exploitation, vicious influences, harmful use of leisure time and generally unwholesome conditions.

(This right implies child labor laws that work, keeping the streets and playgrounds safe for innocence and ignorance, and a sense of social responsibility all along the line.)

7. The right to health standards in the community, fixed by experts and maintained in essentials by community provisions.

(This right implies public health boards, school doctors and nurses and adequate hospital care.)

8. The right to educational standards, fixed by experts and maintained at least in normal minimum by community provision.

(This right implies political 'hands off' the schools, and such firm and intelligent control of tax-supported education as will make it the equal of the best private school provision.)

9. The right to such vital relation between the family, the school, the political system and all cultural opportunities as shall insure to each child his just share in the social inheritance to which all are heir.

(This right implies that at last all shall learn that every child should have a fair chance to become a real person.)"

These then are the essentials that must be effected if the first three inspiring pledges of the White House Conference Children's Charter are to become a reality.

And how is this *Young People's Bill of Rights* to be accomplished? By the adoption by every organization, every agency and every citizen interested in childhood and the future well-being of our country of definite objectives and a plan of action to achieve this accomplishment.

The American Legion through its Child Welfare Program has for several years been carrying on a child welfare educational and legislative program in all of the states. It had important participation in the White House Conference on Child Health and Protection in 1930, and since then it has had participation and has also initiated child health and protection follow-up programs in the States. Among its very recent action at The American Legion National Convention at Chicago, October 2-5, 1933, it adopted resolutions, two of which will especially be appreciated by this Social Hygiene Conference. They are:

One:

"That The American Legion departments in the States be again urged and assisted through The American Legion National Child Welfare Committee and Division, to secure ratification of the Child Labor Amendment in such states as have not already ratified; that the Departments be directed to call upon the Governors of the various states to include in any call for special or regular sessions of the legislatures, consideration of the adoption of the Child Labor Amendment to the Constitution of the United States, and that it be pointed out to Departments that even though they do not have a child labor problem within their respective states, that this is a national problem which should be solved at the earliest possible date."

Two:

"That being firmly committed to the belief that the health of the children is a matter of first importance, we favor the enactment of legislation which will more firmly secure and extend present public health facilities, both federal and state, in order that no child be denied the right to enjoy the fullest opportunities by reason of any handicap; we urge the enactment of legislation and necessary appropriations to the United States Public Health Service and State Health Organizations to promote the development and maintenance of local health services which will more firmly secure and extend the present public health facilities."

These are but two of the 38 Child Welfare Resolutions adopted by The American Legion 1933 National Convention, but they set a standard and a goal for the membership to follow, and this vast influence and strength of an organization that reaches out not only into the larger centers, but also into every town and hamlet, will have its power and influence for good in obtaining better conditions for children, improved adulthood, improved parenthood and primarily a realization of *A Young People's Bill of Rights*.

Some of the Social Costs of Syphilis and Gonorrhea.—Gonorrhea is an important cause of blindness, particularly in newborn babies, and it is a chief cause of sterility in men and women. It brings lowered efficiency to women wage earners, much suffering and even death from the various complications which may follow the primary infection. Frequent estimates place half of all gynecological operations as the result of this disease. To syphilis is due about 15 per cent of blindness and an even larger percentage of partial loss of eyesight, from 15 to 20 per cent of heart and blood conditions, and 11 per cent of new admissions to mental hospitals.

The greatest number of cases of both diseases are first contracted at about 21 years of age and the majority of cases needing active treatment range from about 15 to 30 years of age.

from Social Hygiene Bulletin "Behind the Front Lines"

SYPHILIS AND THE GENERAL MEDICAL PRACTITIONER

AN INSTITUTE EXPERIMENT

The importance, in syphilis control, of the private physician in general practice, and the fact that as yet he is playing a limited rôle in such control, are receiving increasing emphasis in public health and medical circles. The conviction is growing that every physician should have at least sufficient knowledge of the modern methods of diagnosis and treatment of syphilis to recognize the disease in his practice and to take the action which is necessary for the protection of the patient and of the public health, if an impression is to be made upon the vast numbers of cases not now under any reputable medical care.

Extensive censuses in areas totaling approximately one-fourth of the population of the United States show that about 64 per cent of syphilis cases known to be under medical care are in the hands of private physicians, while 36 per cent are treated in public clinics, hospitals and similar institutions. These figures, however, do not show the real status of the general practitioner in the treatment of syphilis. When the cases treated by specialists and at public clinics are subtracted only 28 per cent are found to be under the care of general private practitioners.

Several fairly obvious reasons may be advanced to explain the as yet limited participation of the general medical practitioner in dealing with syphilis in his private practice. Some are still repelled by the social stigma that they believe attaches to the "venereal diseases." They do not "care to have anything to do with them." In reference to syphilis, the more frequent and potent reason is, however, the lack of equipment in knowledge and experience for dealing with these cases. Modern methods in the diagnosis of syphilis involve rather complex laboratory processes, and modern treatment requires considerable technical skill. Unskilled procedures involve

serious risks. It is only in comparatively recent years that the best medical schools have equipped *all* their graduates to deal with at least the ordinary, uncomplicated cases of syphilis, and even yet only a small proportion of schools are doing this. Furthermore, important advances in the diagnosis and treatment of syphilis have been made in late years of which many physicians in practice have lacked practical opportunity to learn.

The situation renders at least the following measures clearly desirable:

1. That the best standards of teaching in regard to syphilis, such as now prevail in approximately a third of the medical schools, be adopted by all the schools, to the end that their graduates may be prepared to look for syphilis in their practices, and to diagnose it with the aid of available laboratory services; and be equipped to treat at least the uncomplicated cases or arrange for competent treatment and consultation with specialists when necessary.

2. That medical schools provide more post-graduate courses in the diagnosis and treatment of syphilis adapted to the opportunities and needs of practicing general practitioners.

3. That more short, intensive institutes for physicians be conducted under the joint auspices or sponsorship of the organized medical bodies and official and voluntary agencies, to give up-to-date knowledge, demonstrations of, and practice in modern techniques and the presentation of typical clinical cases.

The American Social Hygiene Association has become increasingly conscious of the need for short, intensive institutes, and particularly for the valuable services that may be rendered to a group among which the need is peculiarly urgent, namely, the Negro physicians. The need of these physicians for opportunities to acquire modern knowledge and experience in the diagnosis and treatment of syphilis is intensified first by the prevailing high syphilis rate in Negro populations, and second by the paucity of opportunities for Negro physicians to acquire the necessary training while in practice. Especially do they lack facilities to learn practical clinical techniques.

To test the possibilities of promoting successfully such institutes, the Association discussed the following proposal with

outstanding syphilologists, officials and leaders in medical societies, state and local public health officers and practicing physicians of all races. The proposal was generally approved as a needed and practical plan. The Association therefore approached by correspondence the health authorities and medical leaders in a selected number of Southern cities with reference to the possibilities for conducting such an institute in their respective communities. The proposal embraced the following points:

1. In cities where a group of ten or more Negro physicians would like to come together for post-graduate clinical lectures and demonstrations on the diagnosis and treatment of syphilis in general practice, a series of ten two-hour sessions would be arranged (two two-hour sessions per day for five days was suggested).

2. These sessions would be devoted to the simple, practical principles and techniques employed in the diagnosis and treatment of syphilis. The members of the class would be taught and allowed to practice the technical procedures which are necessary for modern diagnosis and treatment of syphilis.

3. Lectures would be given partly by a medical member of the staff of the American Social Hygiene Association, and partly by local specialists in syphilis and related subjects.

4. The public health aspects as well as the clinical aspects would be discussed.

5. About one week would be necessary in each place for the presentation of the subject as described above, and a small fee (\$2.00 was suggested to cover part of the expense) would be charged for the course. Clinical material would be drawn from the local public clinics and the practices of Negro physicians, and the institutes would be held, where possible, in Negro hospitals.

The health officers of the cities selected responded with an expression of keen interest and a decision to explore the possibilities for organizing such institutes. The cities in which these institutes have thus far been tried are: Savannah, Georgia, Charleston, South Carolina, and Jacksonville, Florida. Based on this experience, plans are being considered with the health and medical authorities of a number of other cities who have requested that their communities be included in a subsequent series.

In reference to organization of the institutes, the local authorities were advised of the following steps to be taken:

1. The organization of a small temporary committee, representing the public health and medical interests, to take charge of the project.

2. The securing of a place in which to hold the institute, (preferably a Negro hospital).
3. Presentation of the plan to the Negro Medical Society, under sponsorship of the Committee, and enrollment of Negro physicians for the institute.
4. Provision of the necessary facilities, including a darkfield microscope, and of cases for clinical demonstration.
5. Tentative arrangements for some of the lectures to be given by local specialists if that could be arranged.

Dr. Walter Clarke, in charge of Medical and Public Health Activities of the American Social Hygiene Association, was appointed to serve as director of the institutes. He received thorough and efficient cooperation in each of the three cities, both on the part of the local committees of arrangements and of the groups of physicians serving as faculties. The lectures and demonstrations given were of a commendable order, emphasis upon the thoroughly practical clinical aspects of the teaching being consistently sustained. The doctors enrolled were given not only information and demonstrations, but also actual practice in such techniques as intravenous and intramuscular injections, and typical cases of the various manifestations of syphilis were presented and discussed.

In Savannah the institute was held in the Charity (Negro) Hospital; in Charleston in the Negro Hospital and Training School for Nurses; and in Jacksonville in the Brewster (Negro) hospital. The enrollment in the institutes was fifteen in Savannah, eleven in Charleston, and ten in Jacksonville. The keen interest and appreciation of the doctors enrolled was expressed not only in very consistent attendance, 100 per cent of the Negro physicians of one city at every session, but in many warm personal comments. In each city all or nearly all the active Negro physicians attended the institute. All concerned pronounced the institute a notable success and of far-reaching significance. Dr. John K. Train, who served as chairman of the Committee of Arrangements in Savannah, wrote: "Today brings to a close the five-day institute which we have been carrying on here for the education of the colored doctors, and to me personally it has been a great success due to the untiring efforts of your Dr. Clarke. We want to assure the society that it has been a great pleasure and afforded a great amount of education to have had him with us." Dr.

Clarke had previously written that the success of the Savannah institute was largely attributable to Dr. Train and the medical profession of Savannah.

The wide interest of lay leaders in these institutes is illustrated by the following extract of a letter to the Chairman of the local committee: "The Women's Advisory Board to the Mayor wants to express to your associates its deep appreciation in your efforts to establish a source of instruction for the colored doctors at the Charity Hospital. The Board feels that this is a most needed and progressive step and that the results will be far reaching."

The following resolution relating to the Savannah experiment was passed by the South Atlantic Medical Society:

"Whereas,

It has been the privilege of the members of the South Atlantic Medical Society, to have in their midst during the past week Dr. Walter Clarke, of the American Social Hygiene Association,—

"And whereas,

By his untiring efforts, clarified instructions, and earnest appeal in presenting the latest and most modern therapeutic methods employed in the treatment of the social diseases, he has greatly contributed to our armamentarium, and won our profound respect for these valued services, therefore

"Be it resolved:

That the members of this Society unanimously voice their heartfelt appreciation and gratitude to Dr. Clarke, Dr. John Train, Dr. V. H. Bassett, and other local physicians who collaborated with them so generously and efficiently, in making this Clinic a marked success, and

"Be it further resolved;

That these intrinsic truths be indelibly planted in our minds and that his efforts will have a most salutary effect in producing a more determined attitude by the members of our Medical Fraternity towards the alleviation of the suffering public and in the ultimate eradication of this dread malady, and

"Be it further resolved:

That the members of the South Atlantic Society, who have attended the Clinic and have been strengthened, enlightened, and encouraged, do extend to Dr. Walter Clarke, a hearty Godspeed, and a cordial invitation to sojourn with us again in the very near future.

Respectfully submitted,

South Atlantic Medical Society,

(Signed *M. P. Sessoms, M.D., President*

J. H. Eberhardt, Ph.G., Secretary"

Similarly appreciative reactions have been voiced in reference to the institutes in the other two cities. In the week's

program in each of these cities Dr. Clarke addressed also the Negro nurses in regard to their part in syphilis control.

The program of the institute in Charleston, which follows, is representative of them all:

Friday, October 6th, 1933:

- 10 A.M. Introductory Remarks, Dr. Olin B. Chamberlain, Chairman of Committee on Arrangements
- Local Public Health Aspects of Syphilis Dr. Hayne
- Syphilis in the Negro, from the Public Health Viewpoint. Dr. Applewhite
- Charleston's Syphilis Problem. Dr. Banov

Monday, October 9th, 1933:

- 10 A.M. Etiology and General Course of Syphilis Dr. Clarke
- Pathology of Syphilis (illustrated by gross and microscopic specimens) . . . Dr. Lynch
- 4 P.M. Clinical Diagnosis of Syphilis, including Primary Lesions. Dr. Sanders

Tuesday, October 10th, 1933:

- 10 A.M. Darkfield and Serological Diagnosis of Syphilis (darkfield demonstration) Dr. Johnson
- The General Treatment of Syphilis. Dr. Clarke
- 4 P.M. Prenatal Syphilis (demonstration of cases) Dr. Wilson

Wednesday, October 11, 1933:

- 10 A.M. Syphilis as a Complication of Pregnancy Dr. Clarke
- Congenital Syphilis (demonstration of cases) Dr. Waring
- 4 P.M. Latent and Neurosyphilis (demonstration of cases) Dr. Chamberlain
- 5-7 P.M. Practice of techniques

Thursday, October 12th, 1933:

- 10 A.M. General Aspects of Neurosyphilis. . . . Dr. Clarke
- Syphilis of the Eye and Ear (demonstration of cases) Dr. Townsend
- 4 P.M. Cardiovascular Syphilis (demonstration of cases) Dr. Clarke
- 5-7 P.M. Practice of techniques

Friday, October 13th, 1933:

- 10 A.M. Cardiovascular Syphilis (demonstration of cases) Dr. Cannon
- Diagnosis and Treatment of Complications of Syphilis, including Immediate and Deferred Reactions. . . Dr. Sanders

- 4 P.M. General Public Health Aspects and
Organization of Syphilis Clinics....Dr. Clarke
5-7 P.M. Practice of techniques

In Savannah, the following physicians assisted Dr. Clarke on the faculty of the Institute: Dr. Lee Howard, Dr. S. F. Rosen, Dr. H. F. Sharpley, Jr., Dr. John Howkins, Dr. T. J. Charlton, Dr. Victor H. Bassett.

In Jacksonville the following physicians participated on the faculty: Dr. C. E. Royce, Dr. Paul Eaton, Dr. J. E. Kirby-Smith, Dr. E. T. Sellers, Dr. T. E. Buckman, Dr. S. A. Richardson, Dr. N. A. Upchurch, Dr. Henry Hanson, Dr. F. A. Brink.

Certain films of the American Social Hygiene Association dealing with the modern diagnosis and treatment of syphilis were shown at each institute and instructive medical literature was made available to those enrolled.

The institutes were indebted to the following firms for generous contributions of technical materials: Abbott Laboratories, Merck and Company; H. A. Metz; Parke Davis; Becton, Dickinson and Company.

As has been indicated interest in the institute plan has been expressed not alone by Negro physicians and hospital authorities, but equally among the white medical profession and public health authorities, and the Association has been urged to extend the experiment to groups of white doctors also, especially those located in rural communities. Obviously the experiment has opened a wide field for extension of the plan—one which is looked upon as a strategic measure toward increased syphilis control. After all, the crux of the problem centers in the private general practitioners' efforts correlated with laboratory and health departments and particularly with the specialist in diagnosis and treatment of syphilis.

While the limited medical personnel of the Association precludes the possibility of taking full advantage of the opportunities for extending such institute plans, there are doubtless other cooperating agencies to be canvassed; and there remains, of course, the possibility of organizing and conducting similar institutes entirely with local personnel.

INSTRUCTION REGARDING SYPHILIS IN AMERICAN MEDICAL SCHOOLS

SUMMARY OF A RECENT STUDY REPORT PREPARED BY
THE AMERICAN SOCIAL HYGIENE ASSOCIATION

At a conservative estimate, based on the best available information, there are in the United States at any given time 6,000,000 persons infected with syphilis. Careful censuses of large areas indicate that only about 643,000 of these infected persons are under treatment at any given time. Nearly three-fourths of the syphilis patients under medical care are in the hands of clinics or specialists, and only one-fourth in the care of general practitioners. It is a matter of great importance that students now in training in medical schools should be equipped, when they become general practitioners, to deal with at least the ordinary uncomplicated cases of syphilis, if a reduction is to be made in the huge numbers of persons who do not receive treatment of any kind. With this need in view, the American Social Hygiene Association recently sought to ascertain how much instruction concerning syphilis is being given by the medical schools of the United States.

Of 66 schools which give full four-year medical courses, 63 responded prior to the tabulation of their data.

How Taught?

Twenty-five schools report instruction regarding syphilis as a special subject, but most of these schools mention instruction in connection with other subjects also. Thirty-eight schools report instruction regarding syphilis in connection with other subjects only.

Five schools give syphilis a partial divisional or departmental status. In four schools there is reported a Department of Dermatology and Syphilology, and in one school a Syphilis Division as a sub-division of the Department of Medicine.

In What Year Taught?

- 44 schools in the third and fourth years of training
- 4 schools in the fourth year
- 6 schools in the third year
- 4 schools in the second and third years
- 1 school answers indefinitely

Size of Classes?

Of the 57 schools answering this question, all but 5 put a limit on classes. Thirty-one schools report didactic work to the whole class, and division into groups for clinics and demonstrations. Sixteen schools report doing the work in sections. In 52 of the schools, a portion of the instruction is given in limited, and mostly small, groups. There seems to be an encouraging emphasis upon practical clinical observation, demonstration and practice.

Time Devoted to Syphilis?

Of the 63 schools, only 28 state the time devoted to the subject in approximate number of hours. Many find it difficult to state the time in hours because of the wide departmental and clinical connections. Of those reporting, the average is 46 hours devoted to syphilis. The range is from 20 to over 100 hours. The average of 46 may safely be taken as the minimum necessary requirement. It is significant that half the schools reporting on the matter of time in hours, fall below this minimum. The institutions on the list which are known to be doing exceptionally good work in instruction regarding syphilis, average 68 hours devoted to the subject. This amount of time devoted to syphilis may well be suggested as a general standard for present-day medical schools.

Arrangements for Clinical Instruction: Individual? In Groups?

Fifty-three schools report that in addition to class lectures or demonstrations, or both, opportunity is provided for individual study of cases in clinics or wards, under supervision of an instructor. It is pleasing to note in the majority of schools a heavy emphasis upon clinical demonstration.

Diagnosis and Prescription by Students:

Forty-seven schools report that students individually diagnose and follow cases. Thirteen schools report no opportunity for individual work. Without such opportunity, few students may be expected to develop the necessary confidence and skill for the effective treatment of syphilis.

Dark-field Technique:

Sixty of the 63 schools report that they provide opportunity for learning darkfield examination of the spirochaete. It is important that all medical schools not only demonstrate the technique, but require reasonable experience in it.

Intravenous and Intramuscular Therapy:

Fifty-eight schools report that the students learn and practice these techniques. However, the questionnaires lead one to suspect a wide variance among the schools in the extent and thoroughness with which such training and experience are given.

Case Histories:

All the schools affirm that the students are taught the value and use of adequate case histories and clinical records.

Text Books:

Among the text books recommended by 49 of the schools, those most frequently mentioned are those of Stokes, Schamberg and Wright, and Hazen. A dozen texts on Dermatology and Urology are also mentioned.

Comment:

A detailed study of the reports leaves the impression that in the large majority of the medical schools an appreciation of the importance of syphilis as a medical problem prevails. Apparently, however, there exists a wide range of variance between the best and the worst in the extent and thoroughness with which the subject is taught. It is desirable that in the near future the policy and practice of the upper third of the schools in this matter become the minimum standard for all the schools.

Common Features:

The report of the group of schools which are doing the most thorough work regarding instruction on syphilis reveals certain common features, summarized as follows:

The aim is to equip each graduate with the knowledge and skill which a general practitioner should have in diagnosis and treatment of syphilis.

Syphilis is dealt with as a special subject, in whatever departmental connection, so as to assure unified completeness and coordination of subject matter. One school places the subject in a Syphilis Division of the Department of Medicine, and several others have similar arrangements.

The subject is taught also in its pertinent relations with other subjects such as dermatology, neurology, pediatrics and others.

Some schools offer an elective course in syphilis to limited groups.

Instruction regarding syphilis is given mainly in the third and fourth years, with some of the laboratory aspects possibly in the second year.

The teaching is diversified into class lectures; class or group demonstrations or seminars; there is extensive study of cases in clinics in small groups under supervision of the instructor, with emphasis upon individual diagnosis and provisional prescribing of treatment by students; and the course of cases is followed so far as opportunity permits.

Demonstrations and practice are given in the techniques of the darkfield examination and of intravenous and intramuscular injections sufficient to acquire the necessary practical knowledge and skill. Actual assistance by students in treatments under supervision is utilized by some.

An understanding is given of the principles involved in the most generally recognized serologic tests and in their interpretation.

They seek to give students an appreciation of the importance of accurate and adequate case histories, and study of examples.

They seek to develop in students an epidemiological and sociological, as well as clinical, point of view in relation to syphilis.

An average of at least 68 hours is devoted specifically to syphilis.

Freud and Social Hygiene.—Was Sigmund Freud a pioneer in social as well as mental hygiene? Stefan Zweig, writing of him in *Mental Healers* (p. 266), surely makes him sound so:

“Thanks to his work, the younger generation can look forward into the coming time with other eyes; can look more freely, more knowledgeably, and more candidly than of old. Hypocrisy is a dangerous psychosis, which for a century by the power of intimidation held Europe in thrall. If it has been cast down from its high estate; if we have learned to contemplate our lives without false shame; if our flesh creeps when we hear such words of opprobrium as ‘vice’ and ‘guilt’ used by the ignorant and unthinking; if the judges in our law-courts, having learned something about the overwhelming power of human impulses and instincts, hesitate now and then to pass sentences appropriate to earlier and cruder days; if in school the teachers meet naturalness with naturalness and in families the parents pay back frankness in its own good coin; if more sincerity prevails in our moral outlooks and our young folk have become more comradely; if women are more ready to acknowledge the inclination of their will and the nature of their sex; if we have learned to respect the uniqueness of the individual and have won through to a creative understanding of the mystery embodied in our own mental constitution—we and the new world to which we belong owe these elements of betterment and enhanced moral straightforwardness chiefly to this one man who had the courage to acknowledge what he knew, and the threefold courage to force his knowledge upon the reluctant and cowardly defenders of the hypocritical morality of the past.”

EDITORIAL

HOW EDUCATE INFECTED CHILDREN?

The study of exclusion of children from school because of gonorrheal infection, by Dr. Ella Oppenheimer of the United States Children's Bureau and Mr. Ray H. Everett of the District of Columbia Social Hygiene Society, brings to the attention of JOURNAL readers a problem perhaps only vaguely recognized by health workers and not generally understood or efficiently handled. As pointed out by the authors of the present article, it is a problem of divided responsibility; and up-to-date record-keeping and constant cooperation by the agencies concerned are an essential part of the procedure. A few other cities have reported on their provision of facilities to care for infected children in case of school exclusions. In San Francisco, the Isolation Hospital, a part of the San Francisco General Hospital, gives a general examination including thorough bacteriological tests for gonorrhea to patients admitted for any cause, including female patients under 16 years old. This practice has resulted in the recognition of many cases of unsuspected vaginitis, especially among little girls. A branch of the San Francisco public school system operates in the Hospital for the instruction of children of school age during their period of convalescence. In Philadelphia, an infected child is excluded from school if in an infectious condition. One of the duties of attendance officers is to insure that cases excluded are followed up and treatment given. Social workers report, however, that in many cases the infected child is thus left in a difficult position, since when the mother is employed away from home, the child is left to run in the streets during the hours when he or she would otherwise be under supervision in school. In the Philadelphia General Hospital, special classes have been arranged for children admitted as bed patients on account of syphilis or gonorrhea, so that their treatment and education can be continued simultaneously.

The American Social Hygiene Association would welcome information from other communities which have worked out a solution to the school exclusion problem as it affects children with a venereal disease, and urges that workers write in their comments and suggestions.

NEWS AND ABSTRACTS

Resolutions Adopted at the Association's Annual Business Meeting.

—In addition to the elections of officers and members of the Board of Directors at the Association's annual business meeting on January 31, as announced in the February JOURNAL, and various committee reports,* the following resolutions as presented by the Committee on Resolutions were adopted as a part of the business transacted:

1. *Be It Resolved That:* In the death of Dr. Linsly Rudd Williams, for many years a member of the General Advisory Committee, the American Social Hygiene Association loses a great and valued friend. He had a profound knowledge of the whole complex field of public health, and was ever appreciative of the special needs of social hygiene. We shall miss greatly his ready response to appeal for council, and the inspiration of his participation in our meetings. The members and the Board of Directors hereby record their great sense of loss and in their behalf request the Secretary to communicate with Mrs. Williams.

(In presenting this resolution, President Keyes expressed the personal feelings of all present in a tribute to this great leader and co-worker.)

2. *Whereas,* The House of Delegates of the American Medical Association, meeting in Milwaukee, June 15, 1933, passed a resolution appointing a committee on prenatal syphilis and approving cooperation with the voluntary agencies interested in this subject; and

Whereas, the member organizations of the National Health Council—particularly the National Society for the Prevention of Blindness, are prepared to cooperate,

Therefore, Be It Resolved, That the American Social Hygiene Association commend heartily this project, and supplement its previous work in the prevention of prenatal syphilis by joining in the cooperative efforts of all the agencies which can be interested in this great problem.

3. *Resolved,* That the American Social Hygiene Association express approval of the conference on Education for Marriage and Family Social Relations planned for 1934, and record its appreciation of the participation of Teachers College, Columbia University, the American Home Economics Association and other agencies and individuals.

4. As the basis for a reciprocal resolution commending continued cooperation with the National Research Council the following was read:

* For summary of these see January JOURNAL, pages 38-39.

Whereas, with the cooperation of the American Social Hygiene Association, the Committee for Survey of Research on Gonococcus and Gonococcal Infections of the Division of Medical Sciences of the National Research Council supported by a continuing grant from the National Research Council has been enabled to make satisfactory progress during 1933 in the work for which the committee was established; and

Whereas, the task undertaken by the Committee and the Association is one which, as was foreseen, will require patient and critical work during a considerable period of time;

Be It Resolved: That the Committee expresses its appreciation of the cooperation of the American Social Hygiene Association and requests the Association to continue its participation in the work of the Committee during 1934 along lines substantially the same as during 1933, and

Be It Further Resolved: That a copy of this resolution be transmitted to the American Social Hygiene Association for the consideration of the Association's governing bodies.

Other resolutions were referred, together with several motions during the meeting, to the Executive Committee for further consideration and report to the Board of Directors for action.

Following transaction of the official business meeting items, an informal discussion was held concerning plans for 1934, particularly as they relate to the necessity of limiting staff and program in conformity with available funds. Among the activities which were considered from the point of view of comparative value if it becomes necessary to reduce further or temporarily suspend any phases of work, were legal aspects as they relate to investigations of commercialized vice in different parts of the country; the program for family relations and marriage counseling; public information activities, especially those for mass education as expressed in projects like the motion picture *Damaged Lives* which the Association has been sponsoring, and medical problems, particularly as they relate to aid in local as contrasted with national activities.

The meeting, which was convened at 4 P.M. in the national offices, adjourned at 6 P.M.

The New York Regional Conference.—Four hundred and sixty-three persons registered at the Social Hygiene Regional Conference held under the auspices of the Social Hygiene Council of New York on Wednesday, January 24th at the George Washington Hotel, Lexington Avenue and 23rd Street. It is estimated that the total attendance at the various sessions was between 700 and 800 persons. A lively schedule of meetings was carried out in accordance with the program published in the January issue of the JOURNAL. Of

particular interest was the luncheon session when the subject of discussion was *Family Welfare Problems Relating to Venereal Diseases: Mental and Physical*, with Dr. William H. Park, Director of the New York City Bureau of Laboratories presiding, and Dr. George K. Pratt, Medical Director of the Mental Hygiene Committee of the State Charities Aid Association; Mr. Bailey B. Burritt, General Director of the Association for Improving the Condition of the Poor, and Mr. Lewis H. Carris, Managing Director of the National Society for the Prevention of Blindness as speakers. About 300 luncheon guests were at the tables and many more lunched outside and came in afterwards for the addresses. Other sessions were on the *Discovery and Recognition of Prenatal and Congenital Syphilis; Delinquency and Social Hygiene, with Emphasis on Preventive Measures; Industrial Aspects of Venereal Disease Control; Legal and Protective Measures, Including Problems of Follow-up; and Sex Character Education in Public and High Schools: Is Such a Plan Feasible in New York City?*"

This latter session, at which Professor Maurice A. Bigelow of Teachers College, Columbia University, presided, furnished a practical discussion of much import, the speakers being: Dr. Benjamin C. Gruenberg of the American Association for Adult Education, Dr. Willard W. Beatty, Superintendent of the Bronxville Public Schools, and Mr. Herbert W. Smith, Principal of the Fieldston School.

A dinner session closed the day's program, the subject being *Community Control of Disease in Times of Depression*. Dr. Edward L. Keyes, President of the American Social Hygiene Association, presided, and the speakers were Dr. G. Canby Robinson, Director of the New York Hospital-Cornell Medical College Association; Dr. Marcus A. Rothschild, Vice President of the New York County Medical Society. Mr. Robert F. Wilson of the National Association of Travelers' Aid Societies and Miss Joanna C. Colcord of the Russell Sage Foundation also gave at this time interesting talks on the subject of *Migrant Boys and Girls*.

This is the third annual regional conference sponsored by social hygiene agencies in greater New York. With these agencies consolidated in a Social Hygiene Council with Dr. Jacob A. Goldberg as Secretary, it is believed that the social hygiene facilities and possibilities of the New York City area will be developed and utilized to greater advantage than ever before. The sponsoring agencies for the conference included:

Association for Improving Condition of Poor; Bellevue-Yorkville Health Demonstration; Brooklyn Tuberculosis and Health Associa-

tion; Charity Organization Society; Children's Welfare Federation; Crime Prevention Bureau, New York Police Department; East Harlem Health Center; National Society for Prevention of Blindness; New York City Department of Health; New York State Department of Health; New York Tuberculosis and Health Association; Queensboro Tuberculosis and Health Association; State Charities Aid Association; Travelers' Aid Society; United Parents Associations of New York City, Welfare Council of New York City.

Several of the sponsoring agencies presented interesting and informative exhibits which were arranged on the mezzanine floor of the hotel where the registration took place.

Persons desiring further information concerning the Council's activities may address Dr. Jacob A. Goldberg, 386 Fourth Avenue, New York City.

Summer Conference on Education for Marriage and Family Social Relations.—Much enthusiasm is being shown regarding the conference to be held on these subjects at Teachers College, Columbia University, June 30, July 2 and 3 under the sponsorship of the College, the American Social Hygiene Association and the American Home Economics Association, which will hold its annual meeting in New York City just previous to this time.

It is planned to conduct this conference, as announced recently in the *Social Hygiene News*, along the lines of the National Conference on College Hygiene held at Syracuse in 1931. There will be six discussion groups: Group I. Childhood; Group II. Youth; Group III. Young Men and Women (a. in colleges; b. not in colleges); Group IV. Adult Education; Group V. Training Leaders and Teachers; Group VI. Personal and Family Counseling. Each of these groups in discussing the general subject of education for family life will consider the influence of home, school, church and any other agency which has any obvious relation to the problem presented. Following discussion, recommendations will be submitted to a general assembly of all groups. It is not proposed to have formal addresses except at one short session.

It is hoped that out of this conference and from consideration of the preliminary reports, which will be circulated for criticism and revision, will come a body of findings which can be brought to the attention of educational leaders in the country.

Officers of the Conference are:

Chairman: Dr. William F. Russell, Dean of Teachers College, Columbia University; associate chairmen: Edward L. Keyes, M.D., President, American Social Hygiene Association; Professor Frances Zuill, President, American Home Economics Association.

Dr. Paul Popenoe, of Los Angeles, is Chairman of the Organizing and Executive Committee and Professor Helen Judy-Bond and Professor Maurice A. Bigelow are executive officers of the committee. Mrs. Gertrude R. Luce and Miss Bessie Carroll are conference secretaries, with offices at Room 105, Russell Hall, 525 West 120th Street, New York, to which address inquiries for further information should go.

New York Institute of Family Relations Gives a Second Lecture Course.—The success of the lecture course sponsored last year by the Institute has led to the provision of a second course during 1934. The following program is planned:

- Feb. 15—*The Human Betterment of Family Consultation Service.* Dr. Victor C. Pedersen, General Secretary-Director, The Institute of Family Relations in the City of New York, Inc.
Discussion Leader: Judge Jonah J. Goldstein, City Magistrate, Court of New York City.
- Mar. 15—*The Psychology of the Parent-Child Relationship.* Dr. V. E. Fisher, Assistant Professor of Psychology, New York University.
Discussion Leader: Col. Ernest K. Coulter, General Manager, New York Society for the Prevention of Cruelty to Children.
- Apr. 19—*The Home in the Happy and Maladjusted Family.* Rev. L. Foster Wood, D.D., Secretary, Committee on Marriage and the Home, Federal Council of Churches.
Discussion Leader: Miss Stella A. Miner, Secretary and Director, Girls' Service League of America.
- May 17—*Education for the Home, Family and Parentage.* Rev. Dr. Samuel Schulman, Rabbi-Emeritus, Temple Emmanuel, New York City.
Discussion Leader: Bailey B. Burritt, General Director, New York Association for Improving the Condition of the Poor.
- Oct. 18—*The Maladjusted Parents in Court.* Judge W. Bruce Cobb, Attorney-in-Chief. The Legal Aid Society of New York.
Discussion Leader: Dr. Helen Montague, Psychiatrist, Children's Court of New York.
- Nov. 15—*Mistaken Views of Marriage in the Literature of the Day.* Dr. Henry Neumann, Leader, Brooklyn Society for Ethical Culture.
Discussion Leader: Rev. Floyd Van Keuren, D.D., Secretary, Social Service Commission, Diocese of New York.
- Dec. 20—*The Meaning of the Broken Home to Society at Large.* Professor Ray E. Baber, Department of Sociology, New York University.
Discussion Leader: Charles Francis Potter, Founder and Leader, First Humanist Society of New York.

These lectures are for the laity as well as ministers of all religions, their educational and religious staffs, doctors, nurses, lawyers, probation officers, social workers, educators and students.

The lectures are given at 8.30 P.M. in the General Hall, United Charities Building, 105 East 22nd Street, New York City. Admission is free. For further information inquire of Dr. Victor C. Pedersen, General Secretary-Director, 45 West 9th Street, New York City.

Resolutions Adopted by the International Hospital Association Regarding Syphilis and Gonorrhea.—Readers of the JOURNAL who recall the statement published in the November issue concerning *Syphilis and Gonorrhea Patients in Hospitals in the United States*, and presented by Dr. Edward L. Keyes at the Third International Hospital Congress held at Knoeke-sur-Mer, Belgium, last June, will be interested to note the resolutions adopted by the Congress at that time, on recommendation of the Sub-Committee on Care of the Venereal Disease Patient in Hospitals:

Resolved:

1. That on medical and social grounds, the Sub-Committee are convinced that patients suffering from syphilis and gonorrhea should be accepted in all general hospitals equipped with suitable medical staff for the purpose, and that no differentiation in respect of accommodation and social amenities should be made between them and patients suffering from other diseases, even when they are treated at Government expense.
2. That the Union Internationale contre le Péril Vénérien be requested to study and report on the question as to what effective measures can be advocated to bring the private practitioner in closer touch with recent medical research and hospital experience in the diagnosis and treatment of syphilis and gonorrhea.
3. Whereas large numbers of patients suffering from gonorrhea and syphilis, especially in the later or latent stages of these diseases, enter hospitals, particularly in the medical, gynaecological and obstetrical departments, and—whereas the relation of gonorrhea or syphilis to the active disease may often be obscure—it is recommended that the routine practice be encouraged of including the specialist in gonorrhea or syphilis in the consultation concerning obscure cases.
4. In view of the important part played by the social service worker in connection with the patients suffering from gonorrhea and syphilis, the Sub-Committee studying this subject should be closely associated with the Committee concerned with Hospital Social Service in general, preferably by the appointment of a permanent representative on the Social Service Committee.
5. The Sub-Committee desires to call special attention to the fact that the prophylaxis of hereditary syphilis should be undertaken at every hospital through collaboration of the syphilologist with the obstetrical service. The technique is established. Its prophylactic value and the resultant racial amelioration have been verified. The Sub-Committee recommends its universal employment.

Education for Homemaking.—A series of three articles on education of boys and girls for homemaking has been carried in recent issues of the *Journal of the National Education Association*. In November, 1933, Dr. Esther McGinnis (Institute of Child Welfare, University of Minnesota), discussed present experiments in education for parenthood and the surprising interest in the subject shown by pupils in grade and high schools, in colleges and universities, and in parent education groups. The movement is still so new that many experiments are being tried and various approaches used. The writer expresses the hope that this will continue for some time and that the "folk quality" of the parent education movement for adults may pervade the schools in their attitudes toward this newest responsibility. A second article by Ida Ellsworth Sunderling, head of the Home Economics Department of the Inglewood, California, High School, describes home economics classes for boys as successfully developed in California, which include practical work in cooking and serving food, both at home and in camp, and a knowledge of textiles for clothing and the budgeting of personal and household expenses. The third article is by Daniel P. Eginton (Connecticut State Board of Education) who states some progressive principles which underlie an education for homemaking which may prepare for an excellent and happy home life.

Another series of interest to social hygiene workers consisted of five articles on education and crime, in the same *Journal*, during February, March, April, May and November, 1933.

New Jersey's Venereal Disease Control Law as Amended by the 1933 Legislature.—Mr. William Sampson, Chief of the Bureau of Venereal Disease Control, New Jersey State Department of Health, makes the following comments regarding this important piece of legislation:

"The old venereal disease control law in New Jersey was approved March 4, 1918, when we were in the midst of the World War and when the protection of the soldier and sailor from venereal disease was a prime factor. 'War time' fairly bristled in the second paragraph of the first section which began as follows:

'Whenever any local board of health or health officer shall receive a report from the Surgeon General of the United States Army or Navy, or from the Commanding Officer of any camp, cantonment or other military or naval organization situated in this State, or from any person authorized by the Surgeon General or said Commanding Officer to make such report . . .'

The Attorney General, notwithstanding this war-like opening, gave it as his opinion that the law was a permanent one. Nevertheless

faint-hearted health officers were inclined to shrink from causing examinations to be made of suspected persons. In the new law all this verbiage was swept away and in its place was written: 'Whenever any local board of health or health officer shall receive a report from the Director of Health of the State of New Jersey or any person authorized by said Director of Health to make such report,' thus making a confused paragraph absolutely definite, and giving the health officer the authority of the Director of Health as his sponsor in seeking to require examinations of suspected persons.

The powers of the local health officer were again increased in dealing with recalcitrant persons or patients lapsing in treatment. Section 3 of the old law provided that anyone refusing to be examined 'may in the discretion of said board of health or health officer, be isolated either in a hospital or his own home, and such isolation continued, etc.' In the new law the words 'either in a hospital or his own home' were entirely eliminated, giving the local health executive unlimited power in defining the limits of isolation.

The most striking change was Section 7, defining when cases were infectious. While probably in line with the scientific knowledge at hand in 1918, it will readily be seen that the older definition of what is infectious was sadly at fault. In the old law Section 7 read as follows:

'Cases of gonococcus infection are to be regarded as infectious until at least two successive smears taken not less than forty-eight hours apart fail to show gonococci. Cases of syphilis shall be regarded as infectious until all lesions of the skin and mucous membranes are fully healed. Cases of chancroid shall be regarded as infectious until all lesions are fully healed.'

In the new law Section 7 reads as follows:

'A case of syphilis, gonorrhea or chancroid shall be regarded as infectious until a physician licensed to practice medicine has examined the case and has reported to the local health department that the case is not infectious, but if in the opinion of the health officer of the jurisdiction the protection of the public health requires it he shall have power to review the case and to cause a medical examination of any such case to be made by a physician designated by him and the opinion of this physician as to the infectiousness or non-infectiousness of the case shall be final.'

This change places the entire onus upon the physician in charge of the case, and lest there be a doubt as to the judgment or good faith of the physician himself the health executive is given the power to designate a physician whose opinion will be final.

The absolute necessity for such a change is apparent when it is realized that under the New Jersey law a case of gonorrhea or syphilis is amenable to public health regulation only when it is infectious. As soon as a patient becomes non-infectious both the legal need for a patient to take treatment and the liability of the local board of health where a patient lives to furnish free treatment are at an end.

A venereal disease officer in one of the southern states, to whom a copy of the present law was sent, wrote: 'The Venereal Disease Control Law strikes me as being the very best I have seen. It is most comprehensive, couched in plain language, free from technicalities and ambiguities, definite in purpose and in provisions for its enforcement.'

This praise is indeed pleasing and full measure of gratitude is due to the Health Officers Association of New Jersey who, realizing the need for the changes, put their shoulders to the wheel and sponsored the law. And without question it was this responsible sponsorship that caused the passage of the bill by the General Assembly. To this body are also due the thanks of all those in New Jersey engaged in the work of venereal disease control."

A copy of the law will be sent to anyone interested, on application to the Director of Health, State House, Trenton, New Jersey.

The Social Economic Goals of America.—The time will come, if it has not already arrived, when as a nation we may begin to give thanks for the economic depression because it has made imperative the appraisal not merely of the tools of national life, but of the permanent values and objectives of the life itself. The National Education Association recognized this necessity two years ago when it appointed a Committee on Social Economic Goals of America which now presents ten objectives as covering "some, though by no means all, desirable social economic goals of America," which may afford a basis for a planned existence. Believing that social and economic policies and practices must be judged by what they do to enrich the lives of individuals, the committee also emphasizes the mutual interplay of personality and culture upon each other, so that the enrichment of individual personality becomes a road to the development of culture with resultant benefit to social living. Briefly enumerated the ten are: hereditary strength, physical security, participation in evolving culture, an active flexible personality, a suitable occupation, economic security, mental security, equality of opportunity, freedom and fair play.

In its elaboration of these goals, the committee has touched with no uncertain hand upon the difficulties and failures in achieving them in the present system, but at the same time, it affirms its belief in democracy; in the orderly steps of social evolution guided dispassionately by intelligence as a method of adjustment to any social changes; and in the efficacy of education to assure our understanding of a zeal for the essential ideals of American life. The implications for education are of enormous importance, both as to the kind of education required in schools, in colleges and continuing education now included under the term "adult," and as to materials for instruction. Because the latter must be largely drawn from the moving

panorama of current life, continuous research and interpretation by authoritative scholarship will be needed by the machinery of public education.

"Attitudes and Practices of Parents in Sex Education of Children"
(by Miriam Scott Villon, in *Journal of Home Economics*, December, 1933, pages 845-851). This article is a brief account of a study which was made at the Washington Child Research Center in 1929-31 regarding the attitudes and practices of parents in sex education of children in a group of 50 upper middle-class families. Among the findings are the following:

First, the unanimous expressions of opinion by both mothers and fathers that children should receive sex education, by which they usually meant instruction about the processes of reproduction. Opinions varied about the amount and kind of detailed information and about the ages of children when the instruction should be given. *Second*, probably most important, an amazing inconsistency shown by parents between their opinions, so enthusiastically and sincerely expressed, and their practices. Parents apparently regarded the process of learning as something unique when applied to sex education. The simplest and most obvious principles of teaching and learning were violated. Instruction was meager, delayed and hampered by fears and emotions. Most of the parents were in practice more concerned about restricting information than imparting it. The results of their attempt in most cases were probably ineffectual insofar as the children were concerned because of the meager, inhibited methods employed. Obviously the parents themselves were in great need of sex education. The conclusion of the author is that it may be at the present time that the chief value in the whole project of sex education for children lies in the benefits that the parents may derive therefrom.

Dr. Benjamin C. Gruenberg has dealt with the same difficulty in his article entitled, *Sex Questions Asked and Unasked*, in *Child Study* for December, 1933.

"Whether children ask explicit questions or not, parents in spite of themselves answer them, that is, we are unable to avoid impressing the children with our own attitudes toward the question even if we are unable to put into words what we actually feel or wish or fear. . . . Obviously the first need is for the parents themselves to clarify their own objectives and to establish their own self-confidence. Obviously, too, such change of heart cannot be achieved over night. This means that the task of sex education of children is primarily one of self-education of parents. It is necessary for the parent not only to acquire needed information, but also to get his own bearings in the world. To be able to speak to the child objectively we must first become sufficiently objective ourselves."

Home Care of Vaginitis Cases.—Under this title Constance Jacobs, R.N., discusses in the January, 1934, issue of *Public Health Nursing*,

an interesting project recently undertaken by the Baltimore Health Department.

"In the past the Department has confined its treatment of gonorrheal vaginitis chiefly to clinic care, little attempt being made to secure home cooperation. This method proved unsatisfactory. Many children continued with the infection for years. The loss of school time was one serious consequence.

It was decided to add home treatment and care to the clinic regime. Two public health nurses were detailed to this branch of venereal disease work and given special instruction. Each nurse was furnished a bag containing the necessary treatment supplies.

Often the nurse was met with considerable indignation in the home when she disclosed the nature of her visit and it required diplomacy to secure the cooperation of the parents. The home treatment to be carried out by the mother was thoroughly demonstrated by the nurse. It consists of bathing the external parts in boric acid solution and the instillation into the vagina of a 20 per cent solution of mercurochrome, after which a pad is applied. The necessity of giving this home care four times a day in a regular schedule is emphasized. In addition, the mother must see that the patient sits in a basin or tub of warm water for fifteen minutes twice a day.

If these procedures are faithfully carried out satisfactory results are usually obtained within a reasonable length of time.

Very careful instructions are given to prevent the spread of infection. The possible complications and the need for prolonged and regular treatment are explained. Tactfully inquiries are made about possible infection in other members of the family. It is frequently found.

This routine home treatment added to the clinic visits has reduced appreciably the loss of school time, and there is no evidence of a single case having infected another school child.

The number of cases taken care of by the two public health nurses averages about thirty-four per month. Since July, 1932, when this home care service began, eighty cases have been discharged or cured."

Quacks in Buffalo.—The Buffalo news weekly, *Trend*, of December 9, 1933, contains an item on the activities of quacks in that city. The facts and conclusions presented accord with those reached by the Association in all of its investigations of quackery in various cities. They show that while the fraternity of charlatans is being more and more driven out by means of public education and legal control, they tend to hang on with bull-dog tenacity, showing up again and again in different places and in altered guise, and con-

tinuing to do much harm among the uninformed and credulous public. The article gives names, addresses and cases. Some of those mentioned are old offenders known to investigators of the Association for more than thirty years and convicted at different times with the Association's aid in getting the facts.

The old time "Museum" is referred to, with its chamber of horrors and its group of attendants to frighten and steer visitors into the hands of the "Men's Specialists" who did business behind this "front." In 1924 Mayor Frank Schwab revoked the license of this museum, "closing this last flagrant symbol of medical quackery." In New York City these museums were closed as far back as 1915 and quackery in this particularly flagrant form has not been allowed to reappear, but some of the quacks connected with them are still doing business in Buffalo today.

Quackery in Buffalo recently came to public notice again when a woman faith healer and bone-setter diagnosed a girl's broken leg as a sprained ankle so that after a month's neglect she was well on the way to becoming a permanent cripple. The incident led to the conviction of three such charlatans for medical practice without license.

The article notes that the "more dangerous, more rascally . . . is the band of medical quacks known as 'Men's Specialists,' often graduates of low rate medical colleges." An instance is cited of a patient going to one of these in Buffalo for treatment of early syphilis. After paying \$144 in three months the patient's liver was so damaged that recovery was unlikely. Suing for \$50,000 damages, the patient got a verdict of \$1,200. Intrenched behind a medical degree, this quack continues to do business at the old stand in competition with several others of the same stamp in Buffalo.

A recent study, by the Association, of men's specialists in the city of Newark revealed the considerable proportions in which this form of quackery persists, as it does in most cities, and the devious subterfuges to which they resort to escape the clutches of the law. Most of these "specialists" in Newark are not physicians at all. They evade the medical practice law by using, for a front, the name of some disreputable or failing old doctor, for a small competence, while the layman charlatan diagnoses, treats, and takes in the cash.

In some states deficient laws are a serious handicap in combating these evils. Effective laws and eternal vigilance are needed everywhere to keep quackery of all forms at a minimum.

THE FORUM

The JOURNAL will publish selected letters or excerpts considered of general interest, assuming no responsibility for the opinions expressed therein. Communications must be signed, but publication of signatures will be withheld when so requested.

ARE DANCE MARATHONS DANGEROUS?

Mrs. Ruth Roberts Mix, Chairman of the Girls Protective Council, sends us a transcript of a conversation between a protective worker and a marathoner, which seems to indicate a definite affirmative reply to this question:

"Yes," said Jessie, "I was in the marathon. Sure I liked it! We had a lot of fun. You see it wasn't really a marathon, it was a *walkathon*. I was in it for 112 days and I won the fifth prize which was \$37.50. I thought it would be more when I went in but we make the most money on 'sprays.' (That's the money they throw you from the audience for your solo stunts.) I picked up \$29.00 one night in a spray for me.

"Did you hear me on the radio? Gee, I never knew I could sing before but one night they gave me a singing lesson for my solo stunt. That was the night they sprayed me for \$29.00.

"No, we never had time out to sleep. We only had eleven minutes off out of every ninety. We used to sleep standing up. Honest! I've slept for three hours at a stretch moving all the time. At first, I couldn't but after I got tired, believe me, I could. The idea is, your partner pushes you around while you sleep if he is a good partner, but some of them are mean. My partners were all good to me. I wore out five of them. But I was good to them too. They couldn't understand how I could push around Jimmy Donahue when he weighed 150 pounds and I only weighed 116. But I did it."

"Rough crowd? No, they're lovely people. And believe me, the management won't stand for any 'monkey business.' We were allowed 15 minutes a day for a hot shower. And every morning the referee took us for a thirty minute walk out doors. You see we could do that because it was a *walkathon* instead of a marathon.

"Folks were surprised that I stayed in so long 'cause it was my first time in a marathon. I would have been in it yet only I caught a cold and that made me collapse on the floor. But I gained four pounds! You don't think I look well? Look pale? Oh nuts—I feel fine. Doctors can't understand how we do it. I'm going in another just as soon as I get a little rested. There's one going to start in Newark and I think I'll go down there. They say you can't stand being in more than three but I'll show them. If I go, I'll let you know so you can be sure to hear me over the radio this time."

Mrs. Mix states that the Council is extremely interested this winter in certain danger spots which have been appearing in various com-

munities during the depression. Among these the marathon is considered the most striking as well as the most elusive to control, as it brings a large amount of money to the town in which it is held, employs—if it may be called that—a number of people and is a recreation of sorts. “But” she asks, “is it not decidedly dangerous to the girls who participate? It is so emotionally stimulating that it takes away a desire for any honest work.”

The Association will be glad to hear from our readers on this topic. Have marathons been held in your town? If so, have you any knowledge or opinion regarding their effect on the health and welfare of young people or on the community generally? We shall appreciate your comments.

NEWS FROM OTHER COUNTRIES

International.—The International Federation of Home and School in a recent bulletin announces the transfer of the federation’s administrative offices from the United States to England. At the third biennial convention of the Federation at Dublin, Ireland, August 2, 1933, Miss Ishbel Macdonald, President of the Home and School Council of Great Britain was elected President of the Federation, succeeding Mrs. A. H. Reeve of the United States, who became First Vice President. Miss Muriel Payne, Organizing Secretary of the Great Britain Council will become Secretary of the International Federation for the ensuing biennial.

The administration reported that in the six years of the Federation’s existence, the movement has increased its membership from 2 to 28 groups, its board representation from 12 countries to 36 and has built up committee activity along six important lines relating to child welfare and adult education. These are (1) character education, (2) mental hygiene, (3) social adjustment (4) school examination, (5) children’s literature, (6) radio and cinema. The efforts of this group to bring together the home, the school and the community in the interests of childhood and youth of the world should have widespread effect as its influence grows.

India.—The problem of seamen’s welfare in the ports of India has received the serious attention of the Government of India and the port authorities during the past five years and appreciable progress has been made, according to W. R. S. Sharpe, Chairman, Bombay Port Trust, speaking before the Imperial Social Hygiene Congress

in London last July. Unfortunately the Government of India does not as yet officially conform to the Belgian Agreement regarding anti-venereal measures formulated under the International Convention in 1924, although it approves the agreement in principle. The Government is having pressed the desirability of establishing central port sanitary authorities in all the major ports of India which would assume authority for anti-venereal clinics and treatment centers for seamen. The Bombay Social Hygiene Council is doing admirable work in coordinating and extending the campaign against the venereal diseases. The Government has been induced to appoint a specialist for the organization and coordination of venereal disease centers in Government hospitals and the training of students in venereology at the medical colleges. Treatment for seamen in hospitals adjacent to the docks is also under consideration.

Within the last few years the Government of Bombay has undertaken legislation for the suppression of brothel-keeping in Bombay. The European women's brothels have already been closed. The tolerated vice situation has been much improved.

Institutions such as the Seamen's Institutes and Homes have effected great improvements during the past few years in most of the major ports of India, offering a variety of social attractions and recreational outlets to men on shore.

The desirability of serving alcoholic drinks in Seamen's Institutes is a debated question. The experiment in Bombay is regarded as successful. It enables the seaman to have a glass of beer under wholesome and controlled conditions in preference to the unhealthy atmosphere of the low-class saloons.

For the welfare of Indian seamen there is now in Bombay an excellently appointed Indian Sailors' Home. It caters primarily to seamen recruited in distant parts of India who have to spend lengthy intervals in port between discharge and re-engagement. The conditions under which the men, recruited many hundreds of miles from the seacoast, have hitherto been forced to live when out of work—not infrequently for months on end—are demoralizing in the extreme. Herded in miserable boarding hovels in the lowest quarters of the city and victimized by rapacious landlords and usurers, it is indeed surprising that they contrive to retain their self-respect and manhood. Something to ameliorate their lot is now being done.

FROM CURRENT PUBLICATIONS AND CORRESPONDENCE

AN ADVENTURE IN DEFEATING DIVORCE

Under this title, Dr. Bernard C. Clausen, pastor of the First Baptist Church, Pittsburgh, tells in the *Reformed Church Messenger*, of December 7, 1933, a personal experience of great interest and value.

"A big downtown church, which runs a business enterprise in its building and is open night and day, becomes a magnet for weddings. Moving into such a church from the quiet atmosphere of a country town like Hamilton, New York, my first vivid realization was a sense of responsibility concerning the weddings which were mine to perform. Half of these weddings came out of the congregation itself, the boys and girls of my own church whom I could watch growing up and in whose lives I could have a continuous interest. But the other half came to me off the street,—brought to me by the most superficial contacts, the genial wave of a hand from the City Clerk in the license bureau, or the mere factor of convenience. I felt that I could deny none of them. If a legal license had been issued, that license meant that they were certainly about to be married, and it served as an opportunity for me to sanctify the service by as much solemnity and religious sanction as I could muster.

So I began to fight divorce with the first word of my conversation when the couple first approached me. I have steadily resisted any temptation to take their desire as anything less worthy than the beautiful hope I wanted it to be. Every word of the marriage ceremony meant much to me every time I said it. I tried to make the occasion each time beautifully memorable. I obtained the right from our church trustees to unite each couple, however casual, in the impressive auditorium. Our church organist volunteered to be responsible for a musical program and accompanied at any time it was desired. We spent effort and taste and much money producing a beautiful wedding certificate.

But after the service, I always delayed the parting long enough for a quiet word about the knowledge that was so important in the building of happy home life, and about the sources where that knowledge might be obtained. Often I confronted young people who were wholly ignorant, completely uninformed by their parents, bewildered by the implications of their wedding, and uncertain as to their future course. With what relief and joy such brides and grooms received from my hand the copy of Helena Wright's excellent book, "The Sex Factor in Marriage," which I always added to the wedding certificate before I let them go. I cannot speak too highly of the influence of Doctor Wright's little book. Scores of young people have come back to thank me fervently for it. Scores of others have heard of it from friends and have sought for copies. It has been one of my chief allies in defeating divorce.

Was my duty done then? I could not believe it. I had assumed, in many cases, very little responsibility for the romance up to that point. But I felt I was intimately concerned with it thereafter. Before the licenses were sent back to the Clerk's office, the facts were carefully recorded in a card index file for my office. Not a year went by without at least one letter to every couple I have ever married. Always that letter called for a reply from the young people themselves. Every baby born to them was greeted with a personal note from me. Every move they made, promotion they achieved, sorrow they suffered, became a part of my interest.

Every year in June, I gave over one of my Sunday morning services to what we called "Wedding Bells Reunion." To this, I invited all my brides and grooms. I fell into the habit of warning them about it when they were married. And a month or so before the event, I would send out written invitations. The sermon would always deal with some of the spiritual problems of married life. And those who could not come, always received through the mail, subsequently, a copy of the sermon outline so that they could test out the truth in the application to their own lives.

How they came! Hundreds of them, from all parts of the country, at the expense of wearisome effort, bringing their children with them to play in our nursery or overflow into our Sunday School rooms, while the service was held. And each year they would say to me, "It helped us to realize that you remembered! Sometimes we were tempted to give it all up,—a fit of temper brought us into a quarrel, and then we recalled that you remembered us. It helped!"

Thus I have tried to fight divorce. I began by refusing to countenance indifference on their part or mine. I sealed the mood with a little book guaranteed to dispel their ignorance. And all through the months thereafter, through personal contacts, I tried to counteract the tendency toward irresponsibility. I held them responsible to me, if to no one else.

Have there been any results except casual pleasant remarks? I have married in the course of the last fourteen years 722 couples. Half of these had only the most superficial contact with me before the wedding. The average divorce rate would have given my group a total of 123 broken homes. Up to date, less than a dozen of these homes have been shattered by dissension, and less than half a dozen of them have been ruined by divorce. And the experience has been one of the most rewarding things in my life."

BOOK REVIEW

THE HISTORY AND EPIDEMIOLOGY OF SYPHILIS. William Allen Pusey. Springfield, Illinois: Charles C. Thomas, 1933. 106 pp. \$2.00.

Dr. Pusey is Emeritus Professor of Dermatology in the University of Illinois, an international authority in his field, and former President of the American Medical Association among the many positions of honor and responsibility which he has held. Naturally anything from his pen will interest physicians. This book, however, will have a far wider appeal. Dr. Pusey knows history as well as medicine, and can write simply and with dramatic power of description. There are only three chapters in the volume of scarcely more than one hundred pages: "The Beginning of Syphilis," "The Development of Our Knowledge of Syphilis," "The Epidemiology of Syphilis."

The book is not at all what the layman might expect it to be. In the first place it is beautifully printed and bound by the Collegiate Press of Menasha, Wisconsin. And it is remarkable for its fine pictures—paintings one might almost say—of the great men of medical history who have contributed to our knowledge of this unique disease.

It is work which students of history and sociology as well as of medicine and the biological sciences will want to read and keep for reference.

WILLIAM F. SNOW.

THE JOY OF LIVING. Franklin H. Martin. New York: Doubleday, Doran and Company, 1933. 2 volumes. 1077 pp. \$7.00.

Those who like biography will especially enjoy this vivid story of Wisconsin, the middlewest, the nation, the world, as they influenced and were influenced by a great personality in American Medicine. But it is not really a book for biographers, physicians and surgeons so much as for the layman. Through all the colorful periods in our history since his birth in 1857, Dr. Martin carries the reader with interesting comment on men and events, as well as on his own career.

The life of pioneering families, the growth of cities, the organization of the medical profession, the marshalling of medical science for war, the planning for peace-time advances in the prevention of disease—the joy of living through all these episodes in the history of many-sided America, are set forth in these volumes.

To social hygiene readers, of course, the second volume with its

intimate records of the war and mobilization for combating the venereal diseases and protecting the armed forces from related moral hazards, will be particularly interesting and valuable.

This volume is characteristically dedicated "To my friend the scientifically trained doctor, who with honesty and industry serves men, women and little children by preserving their health and curing their ills; and who strives to maintain the sanctity and independence of the scientific profession of medicine." Unconsciously, Dr. Martin has fittingly described in these words his own brilliant and devoted life of service in his chosen field.

WILLIAM F. SNOW.

THE SEX TECHNIQUE IN MARRIAGE. By Isabel Emslie Hutton, M.D.
New York: Emerson Books, Inc., 1932. 156 p. \$2.00.

The wide-open American market has led to a small flood of special books dealing in considerable detail with the physiological relations in marriage. This one, by an English physician, covers essentially the same ground as its competitors, and in spite of many doubtful statements it is probably as useful for many young married couples. Like all similar books, it has many good points and many which are open to criticism.

After reading about a dozen books in this class, the reviewer is convinced that what is now needed in social hygiene literature is a pamphlet, or book, like those in the National Health Series, in which in a few dozen pages teach all that the average intelligent adult wants to know or can use regarding so-called technique of marriage. Such selection and condensation of the important knowledge in any of the books in this class does not seem impossible when one attempts to count the words devoted to repetitions, useless detailed descriptions, uncommon situations, emotions, *et cetera*.

There is another question raised by all such special books devoted to the physiology of sexual union, and that is whether their one-sided presentation of one phase or episode of married life does not mislead many persons more than it helps them. It is true that all the authors try to tell the reader between the lines that marriage continued for a few years or for half a century is vastly more than sexual satisfaction; but, nevertheless this stands out prominently in every chapter. Such overemphasis on "technique" might be avoided by presenting this important matter as one chapter of a general book for the married who ought to understand many complex relationships and problems of modern marriage. Such a book is greatly needed.

MAURICE A. BIGELOW

ANNOUNCEMENTS

This Month.—The story told in the summarized report *School Exclusions for Gonorrheal Infections in Washington, D. C.* is one which should interest everyone concerned with child health. Do you know what is done with regard to this problem in your community? The Association will be glad to have your comments. . . . Emma C. Puschner, whose article *A Young People's Bill of Rights*, found on pages 139-144, gives a view of the American Legion Child Welfare program which will be new to many readers. *Syphilis and the General Practitioner* is a preliminary report on a project about which there is much enthusiasm. More of the institutes described are being given this winter and spring. . . . An average of 68 hours is devoted by American medical schools during the four year course to instruction of students regarding diagnosis and treatment of syphilis, according to a recent study summarized in pages 152-155. . . . *An Adventure in Defeating Divorce* (pages 172-3) is reassuring and hopeful news from the clergy. . . . *Reprints of any of these articles, 10 cents each, free to members. Single copies of the JOURNAL, 35 cents.*

A New Set of Lantern Slides.—Physicians will be glad to know that the charts prepared by Dr. Edward L. Keyes on *Gonorrhea in the Male*, originally shown as part of the Scientific Exhibit of the American Medical Association, and lately issued in miniature size (8½ by 11 inches, 10 cents per set) may now be had in the form of lantern slides. Thirteen slides, including five drawings in color, illustrate diagnosis and treatment of acute and chronic gonorrhea. Price \$8.00 per set, or available for rental at \$1.00 per day while in hands of consignee, plus transportation charges.

Next Month.—For several years John Howland Lathrop, pastor of the Church of Our Saviour, in Brooklyn, has been giving special attention to counseling couples about to be married. *The Minister and Marriage*, summarizes his conclusions as to the worth of this work and the opportunity offered. . . . *Popular Health Education in Simplest Terms*, by Mary S. Edwards, will add another item to the series of reports already published on social hygiene educational campaigns. This one deals with a campaign carried on in New Orleans among the Negro population. . . . Dr. G. Canby Robinson, Director of the New York Hospital-Cornell Medical College Association, and Dr. Marcus A. Rothschild, Vice-President of the New York County Medical Society, are represented by articles on *Community Control of Disease in Times of Depression*, as discussed at the New York Regional Conference. . . . How are country people who have syphilis or gonorrhea to get treatment when they cannot pay for it? Mrs. John D. Frame of Cuba, Missouri, in a *Forum* letter suggests the use of Government funds. An editorial and a news note discuss the question further.

The May Journal.—For some time we have had in mind a number of the JOURNAL which would be of special use to the many parent-teacher, club and other non-professional groups who are grappling with social hygiene problems in their communities. We hope now to issue this special number in May. Plans are not yet complete, but the prospect looks extremely interesting. There is plenty of time, however, to consider any suggestions you may have for material to be included. Please let us hear from you.

Membership in the Association, with its privileges of receipt of the JOURNAL, the *News*, pamphlets and other publications, would be a welcome gift to your social worker or nurse friend. Annual dues \$2.00. Just mail us the enclosed card.

Journal of Social Hygiene

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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

50 WEST FIFTIETH STREET, NEW YORK CITY

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JEAN B. PINNEY, MANAGING EDITOR

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The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

The JOURNAL OF SOCIAL HYGIENE is supplied to active members of The American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each.

Price \$3.00 per year; 35 cents per copy.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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Title Registered, U. S. Patent Office.

Member, Union Internationale Contre Le Péril Vénérien
4 rue de Sèvres, Paris, France

Journal of Social Hygiene

VOL. XX

APRIL, 1934

NO. 4

POPULAR HEALTH EDUCATION IN SIMPLEST TERMS

AN EXPERIMENT IN SOCIAL HYGIENE EDUCATION FOR NEGROES IN THE
CITY OF NEW ORLEANS

MARY S. EDWARDS

American Social Hygiene Association

To impress upon the individual the facts concerning the dangerous communicable diseases, syphilis and gonorrhea, to persuade him to avoid exposure to infection, or if he thinks he may be infected to place himself voluntarily under the care of a qualified practitioner and at the same time protect his family or his intimates from being infected,—this is a considerable part of the task of ridding the world of these diseases. How best to transmit the necessary facts to large numbers of the population quickly and effectively, especially to persons with only elementary knowledge and attitudes regarding personal health generally, is a knotty problem facing public health administrators.

During the past few years a number of demonstrations¹ have been initiated by the American Social Hygiene Associa-

¹ Two of these, in New York City and in Reading, Pennsylvania, were reported upon in the following:

Zimand, Savel. *An Educational Experiment in the Bellevue-Yorkville District of New York City*. Pub. No. 730. JOURNAL OF SOCIAL HYGIENE, March, 1931.

Pinney, Jean B. *Social Hygiene Education in a City of Medium Size*. Pub. No. 854. JOURNAL OF SOCIAL HYGIENE, November, 1933.

tion and other interested agencies to work out devices and techniques in social hygiene mass education. The present informal report relates to an educational campaign in this series, which occurred in December, 1933, among the Negro population of the City of New Orleans, Louisiana. This campaign had as its first objective the instruction of the general Negro public about syphilis and gonococcal infections. Secondly, it was hoped to work out the materials and facilities for a permanent social hygiene education program among Negroes in New Orleans. The effort resulted in the attendance of practically 10,000 persons at 85 separate talks and film showings, and the stimulation of tremendous enthusiasm among leaders in the community for continuation of the work started.

The campaign was of especial interest because of the fact that (in the public meetings) the tools used had to be of the simplest, calculated to reach and appeal to people of low literacy. Ordinary printed materials, and the usual media of the press and radio were of little or no use, and the message of the campaign had to be conveyed to its audience largely by word of mouth, or through visual means, such as moving pictures.

How this was managed is described briefly in the following pages.

The Negro and Public Health in New Orleans

Like some other large cities, New Orleans has its areas of noticeable over-crowding, open gambling and flagrantly operated prostitution, prevalent disease, poor housing, and unsanitary conditions generally. Negroes perforce must accept an undue share of the deteriorated neighborhoods in which to live. In New Orleans Negroes constitute over one-fourth of the population. Over one-eighth of them (United States Census 1930) neither read nor write any language. Several times as many are probably only slightly less illiterate. In 1931, a count of venereal disease cases under treatment in New Orleans ² by licensed physicians showed twice as

² Clark, Taliaferro, and Lida J. Usilton. *Prevalence of Venereal Disease in New Orleans, La.* U. S. Public Health Service. Public Health Reports, May, 1932.

many colored persons under treatment as white. Moreover, it was found that the amount of treatment given by illegal medical practitioners was very high. An inquiry³ among men in the city revealed that at least one-half of the white men with a venereal disease and 80 per cent of the colored attempted either self-treatment or were treated over the drug-store counter before applying to a doctor or clinic for treatment. A survey of quackery indicated widespread exploitation of Negroes by unethical merchants selling so-called "remedies" for venereal diseases.

THE CAMPAIGN

Sponsorship

For some years past the Flint Goodridge Hospital of Dillard University, New Orleans, through its Superintendent, Mr. A. W. Dent, has been awake to the possibility of an intensive mass education campaign among Negroes directed against venereal diseases, chiefly to get them to come for diagnosis and treatment at the proper time. Early in 1933 the cooperation of the American Social Hygiene Association, the Social Hygiene Association of New Orleans, the United States Public Health Service, and state and local health boards was sought in planning and administering such a program.

Conferences and correspondence resulted in the request for the services of Mr. Franklin O. Nichols, staff member of the American Social Hygiene Association and Dr. Roscoe C. Brown of the United States Public Health Service, both of whom are Negroes trained in public health work, to undertake a large share of the supervision and work of the campaign. An Advisory Committee⁴ composed of representatives of the above named organizations was appointed to set up

³ Clarke, Walter. *The Burden of Syphilis and Gonorrhea in New Orleans*. Survey by the American Social Hygiene Association and cooperating agencies. New Orleans Medical and Surgical Journal, Vol. 84, No. 3, September, 1931.

⁴ The members of the Committee were, as follows:

Dr. B. C. MacLean, President, Social Hygiene Association of New Orleans,
Medical Superintendent, Touro Infirmary
Dr. J. H. Musser, Professor of Medicine, Tulane University
Dr. W. H. Perkins, Director, Department of Preventive Medicine, Tulane
University
Dr. H. W. E. Walther, Physician, Social Hygiene Association of New Orleans
Dr. Rivers Frederick, Chief of Staff, Flint Goodridge Hospital
Mr. A. W. Dent, Superintendent, Flint Goodridge Hospital
Miss Mary Railey, Executive Secretary, Child Welfare Association
Mrs. L. T. Ellis, Executive Secretary, Social Hygiene Association of New Orleans
Miss Leonie Bauduit, School Principal
Mrs. L. T. Burbridge, President, Council Negro Parent-Teacher Association
Reverend Norman A. Holmes, Professor of Sociology, Straight University

a program and formulate plans for carrying it out. This Committee was interracial by design, for the reason that the control of communicable diseases in any community is recognized as a problem affecting its whole population, regardless of race and social class.

Finances

The total estimated cost of the campaign, including services of personnel, local facilities, and travel and maintenance expense amounted to about \$2,500. This expense was borne jointly by the Flint Goodridge Hospital, the United States Public Health Service and the American Social Hygiene Association.

Organization

A period of six weeks, beginning November 1, 1933, was selected for the campaign.

Ten days from the first to the ninth of November were devoted to organizing the project. This included the setting up of the Advisory Committee, the arrangements for the institutes, and the film showings and lectures, correspondence with industrial firms, parent-teacher units, and conferences with health and school officials, and with civic officers and leaders.

Audiences

Eighty-five meetings were held with a total attendance of 8,498 persons (lowest estimate). These meetings in general come under the main headings, (1) neighborhood groups, (2) industrial groups, (3) schools and colleges, (4) churches, (5) public health nurses and social workers, and (6) the training course for lecturers, as indicated in the following tabulation:

MEETINGS AND ATTENDANCE IN THE SOCIAL HYGIENE EDUCATIONAL CAMPAIGN, NEW ORLEANS

	<i>Lectures</i>	<i>Attendance</i>
Neighborhood Meetings.	14	2,529
Schools and Colleges		
Teachers.	15	305
Students.	15	2,200
Parent-Teacher Association Units.	17	2,510
Industries.	7	428
Ministers.	2	21
Social Hygiene Training Course for Lecturers.	3	60
Institute for Social Workers and Nurses.	4	120
Miscellaneous		
Doctors.	1	25
Maternity Clubs.	4	225
Boy Scout Leaders.	3	75
Total.	85	8,498

The Neighborhood Center

The neighborhood was made the focal point of the campaign, with a Negro public school building as the center and common gathering place. A survey of the Negro sections of the City revealed at least 22 Negro schools strategically located as centers of Negro neighborhoods. The school authorities granted permission to utilize these school buildings as headquarters during the campaign. The school building exists as a natural gathering place for hundreds of Negro families who cannot be reached in other ways, that is, who do not go to churches or fraternal club meetings, and who do not customarily read newspapers or books, or listen to radios. However, their children attend school, and many of the parents are parent-teacher or mothers' club members. Each of the 22 neighborhood areas selected, in a radius five or six blocks around the school buildings, was taken in turn. Meetings were planned to reach all age groups and both sexes in the individual neighborhoods through existing facilities. Mothers were interested in the prenatal syphilis program first through the mothers' clubs, and again in the parent-teacher meetings. They were also invited to the film showings. The film showings were held separately for men and boys, and for women and girls. These were advertised by means of posters in the school, notices in churches, and by the parent-teacher officers of the school unit. Teachers said to their pupils, "Tell your mother she is to come to a special meeting in the school building this afternoon." In the parent-teacher gatherings, each member was told, "Invite your neighbor to come to a free moving picture this evening." For the most part the task of getting the men folk out to the meetings was urged upon their wives, sweethearts, and friends. As one of the directors of the campaign said, "It does not take long in one of those lively, friendly neighborhood communities for important news to spread by word of mouth!" A remarkably large number of persons were informed of the meetings, with the result that about 600 came to the first one, including adolescents of 14 years and more, parents and grandparents.

Provision existed in most of the schools for the showing of 16-millimeter films. Three films, *The Venereal Diseases*, *Social Hygiene for Women* and the *Men's Lecture Film*, were selected from the American Social Hygiene Association films as suitable for the purpose. A film operator from the City Health Department took care of the mechanical end. Dr. Brown of the campaign staff explained the pictures and answered the numerous questions from the audience. In every case the pictures proved a revelation. That many superstitions were put an end to was evident from the type of questions asked after each

showing. These questions chiefly concerned treatment, where to obtain it, and possibilities of cure.

In all, the motion pictures were shown to 10,000 people and demonstrated clearly the value of visual instruction for the masses of people with only elementary educational background. It may be said again that very little printed material was distributed in the campaign, since experience with similar groups had shown that its effectiveness was not sufficient to justify the expense of printing. A study at the Harlem Hospital in New York City⁵ showed that the Negro syphilis patients either would not or could not read or comprehend the instruction pamphlets given them.

At the end of each neighborhood series a special talk was given to the parents to urge them to get behind the work of the school for the benefit of their children. The principals of these schools are a remarkably fine group of Negro educators, highly trained and socially minded, and they are much concerned with the possibilities of a continuing program of adult education and neighborhood effort along the path laid by the social hygiene educational campaign.

The Industrial Program

The industrial program, next to the neighborhood program, was looked upon as a most important means of reaching men and boys infected or likely to be infected, with information concerning the venereal diseases. Cooperation in this phase was sought from industrial officials employing any considerable number of Negroes. Personal conferences were held with many of them. They were urged to allow brief talks to be given to their employees. An effort was made further to have employers impress upon their workers the need of securing adequate medical care in case of infection, and to cooperate in future efforts that might be developed in New Orleans for the control of venereal diseases.

Talks were given to the men at lunch period, that is, the foreman of the plant asked the workers if they would care to give up twenty minutes of their lunch hour to hear a discussion about syphilis and gonorrhea. In all instances this was welcomed by the workers as an opportunity. Because of the nature of work in the plants in a few cases the talks were given immediately after the close of the day's job. The lecturer talked only a few minutes, the plan being to present the essential facts, and follow with a question period, depending upon inquiries and answers to bring out additional information. Most of these had to do with methods of prevention of infection,

⁵ Nichols, Franklin O. *The Attitudes of Patients Towards Syphilis*. Pub. No. 824. JOURNAL OF SOCIAL HYGIENE, March, 1933.

length of time for cure, and places to go for treatment. The lecturer stressed the value of soap and water in preventing infection, and genital hygiene. The dangers of sexual promiscuity were explained.

The ready reception by officials of several industrial organizations of the proposal to talk to their Negro employees is a commendable and encouraging indication that the employers of labor recognize the benefits of a practical venereal disease control program in effecting better health conditions among employees, and greater economic returns for both employer and employee. A letter from the secretary of one of the firms, is representative of the favorable comment which each lecture provoked:

"We wish to thank you very much for the splendid lecture which you gave to our men Saturday, and the writer regrets that he did not have the opportunity of speaking to you while you were here.

We feel quite certain that such work on the part of the Government will result in better conditions among our industrial workers. Such information when given in the manner in which you imparted it is received with greater attention, and strikes the average man more forcefully than can all the printed booklets and pamphlets on such subjects."

The requests by employers for printed matter on the subjects presented, and the expressed desire for continued cooperation opened avenues for development of a practical follow-up service in the industries.

School Program

This was arranged especially to stimulate greater interest on the part of school leaders in venereal disease control, and the place of the teacher and school in this type of public health effort. The program included lectures to Negro teachers, and conferences with the faculties of Negro high schools. It also provided for a series of lectures to all the normal school seniors who were to graduate during the next year. Five lectures on the cause, prevention and cure of syphilis and gonorrhea were given to the latter group. High school students were also addressed.

All of these lectures were given before audiences composed of persons of both sexes, and there were no unfavorable or undesirable reactions. The information was received cordially and with interest. Teachers were particularly impressed with the reception of the information by the senior normal school students.

Conferences with school faculties considered the possibilities of including, in the regular curriculum of the high school, information about syphilis and gonorrhea as a part of the hygiene and health courses. In most instances the Negro educational leaders were desirous of knowing how this could best be done, as they were entirely aware of the many every day social hygiene problems confronting

them in their school work. Mr. Nichols, who directed the school program, reviewed with them educational methods for meeting the social hygiene needs of students.

In the Churches

An attempt was made to bring the various denominational organizations of ministers into the campaign, in order to acquaint them with the dangers of syphilis and gonorrhea, and to secure their cooperation in reaching their congregations through lectures and film showings.

The Congregational Church Ministers Conference discussed practical approaches to the problems of social hygiene and expressed interest in the extension of the program to schools and other groups of young people. The Methodist Episcopal Church Ministers Conference was very much impressed by the program for community education in social hygiene, and stated the interest of high church authorities in all health and social programs which tend to reduce the high incidence of social maladjustments and disease prevalence in Negro life.

The suggestion that the church leadership study the problems involved, and give all aid possible to the agencies and institutions devoted to their solution received favorable comment. The opportunities for mass education by use of the churches for conferences and lectures, including visual education (films and exhibits), were suggested as immediate and direct approaches to social hygiene problems which the churches could now undertake. All members of the conferences were mindful of the important service the church is rendering in fostering a wholesome home life for young people.

Cooperation with Physicians

The Negro physician in New Orleans is fortunate in having available facilities in the Flint Goodridge Hospital for keeping abreast with the modern diagnosis and treatment of syphilis and gonorrhea. The hospital administration encourages all practitioners interested in these problems to take advantage of the facilities. For this reason it was not considered necessary to arrange an institute for physicians in the present educational campaign. While the Negro doctors as a group did not find it possible to do more than lend approval to the campaign at the time of its operation, it is significant to note that they have indicated their availability in any sustained program against these diseases among Negroes in New Orleans.

Public Health Nurses and Social Workers

An institute of four lectures was arranged for public health nurses and social workers to discuss the relation of social service and nursing

to the public health control of syphilis and gonorrhea. The chief emphasis in the institute was not upon the lectures, but upon the free discussion of specific problems, such as the following:

- Public health methods of control of syphilis and gonorrhea
- Difficulties of social service administration in relation to these diseases
- Laxity in patients' attendance for treatment and how this can be met
- Medical economics as related to the control of syphilis and gonorrhea
- Social history patient records, their filing and value
- Problem of bringing patients' contacts for examination, and treatment if necessary
- Methods of instructing patients as to their condition, the protection of others, and the need for sustained treatment
- Meeting the problem of commercialized prostitution
- The nurse's place in preventive measures
- The social worker's place in preventive measures
- Problems involved in giving sex information
- Getting pregnant mothers under prenatal care

Training Course for Lecturers

In the training course planned for lecturers and leaders who are expected to carry the social hygiene education program further in New Orleans, the subject matter and problems of social hygiene were reviewed, and methods of presenting social hygiene facts to lay groups. The course included three lectures. Time was provided at each lecture for questions and discussion.

Venereal Diseases and the Eyes

In all the meetings of the campaign, both with lay public audiences and with professional workers, special point was made of the effect of the venereal diseases upon conditions of the eye. Comparatively little attention hitherto has been paid to this subject among Negro groups in New Orleans. The concern of the National Society for the Prevention of Blindness in this subject, and its many useful services available to local communities were explained. This organization had made available appropriate printed material for distribution during the campaign to normal students and public health and welfare workers. As a result of these efforts it is probable that many community activities in New Orleans will be developed. Special classes for school children with defective vision are being planned, and teachers will be instructed to pay more attention to blindness prevention. It is possible that the whole problem of blindness due to venereal diseases among Negroes will be surveyed in the near future.

The Prevention of Prenatal Syphilis

Special mention should be made of the definite effort directed toward familiarizing mothers and prospective mothers with the essential facts about syphilis and gonorrhea. New Orleans is fortunate in having a well organized Negro parent-teacher association. The parent-teacher units are large in membership and take considerable interest in school activities. There also exist in New Orleans many mothers' clubs organized by social workers. A schedule of meetings was arranged in the school buildings for the benefit of these groups, and large numbers of parents were taught the value of routine blood tests for all pregnant women, and the fortunate results possible when physicians are able to treat syphilitic pregnant women for the protection of their unborn babies. These groups were amazed at being told that if such a woman is adequately treated for a reasonable time before the birth of her child, the chances are all in favor of its coming into the world uninfected. Following these meetings a large number of inquiries were made as to where blood tests might be obtained.

The Sustained Program

During the progress of the six weeks campaign there was worked out in conference with Dr. Michael M. Davis, Director of Medical Services of the Julius Rosenwald Fund, Dr. W. W. Alexander, Dr. B. C. MacLean, and Mr. A. W. Dent, of New Orleans, and Mr. Nichols and Dr. Brown, directors of the social hygiene educational campaign, a sustained or continuing program for social hygiene education among the Negro population in New Orleans, suitable for adoption by the Flint Goodridge Hospital. A series of recommendations was formulated, as follows:

I. Educational Measures

- (a) A project to demonstrate the value of biological courses in high and normal schools and colleges as the means of wholesome and effective education in sex and reproduction. Also a demonstration of the benefits to be derived from a properly graded biological course of instruction for elementary schools. Especially valuable is the opportunity of preparation for marriage and parenthood through "units of family relations" in home economics courses of junior and senior high schools. (Note: Reference is made to experiments now being made in Washington, D. C., high and normal schools, and several elementary schools in the State of Washington. Reports of these demonstrations are available from the American Social Hygiene Association, New York City.)

- (b) A plan to carry on instructional lectures to the well organized Parent-Teacher Associations which provide the most logical and useful media between the homes and the schools. (Note: The Journal of Social Hygiene and other published material of the American Social Hygiene Association will give guidance in this program.)
- (c) A series of medical lectures to a leadership group to maintain interest in public health matters developed during the special six weeks program, some of these lectures to be devoted to the problems of other diseases, such as heart disease, diseases of the nervous system, and the diseases of children. (Note: Information on public health subjects may be secured from City and State Health Departments, the United States Public Health Service, Washington, D. C., and the National Health Council, New York City.)

II. *Medical Measures*

- (a) A plan to provide adequate diagnosis and treatment for venereal diseases for indigent people and low income workers. A low fee night clinic in Flint Goodridge Hospital with the sympathetic understanding and cooperation of the private physicians of the community was proposed by the Hospital as a possible arrangement for securing a much needed medical service for people who would otherwise remain untreated. (Note: It has been found in a number of clinics that careful and constant instruction of the individual patient, preferably by the attending physician, is a valuable aid in keeping the patient under treatment.) Also attractive posters, giving simple information on the cause and treatment of the venereal diseases, placed advantageously in the clinics, are constant reminders of the need for the patient to maintain treatment, and to cooperate in effecting examination of members of his family who may be infected. It is also planned to place appropriate posters in public washrooms, pool-rooms, and other public meeting places to offset the effect of quack advertising liable to be found in these places.
- (b) A proposal to the employers of Negro labor that their employees be regularly examined, which examination should include a routine blood test and should be followed by proper treatment of pathological conditions, including syphilis and gonorrhea, which may be present. (Note: The approach to this means of control of the venereal diseases should be through some one or two interested industries and should be so organized and conducted as to assure both employer and employee that the effort is in the interest of economic and health welfare. The cooperation of the industries should be continued in further lectures to the employees and in the supply of literature and the placing of posters on the venereal diseases in the plants where they may be easily seen and read.)

CONCLUSIONS

Certain high points of the campaign may be looked upon as actual accomplishments, or as promising indications of future achievements:

1. The practical value of visual materials for bringing to Negroes of limited education the essential facts about venereal diseases was demonstrated.

2. There was stimulated an interest and willingness to extend the social hygiene educational program to include the thousands of Negroes that time did not admit of reaching in the present campaign.

3. The attention of Negro school leaders was focussed upon the need for providing educational facilities to give Negro youth a knowledge of syphilis and gonorrhea, as a factor in prevention.

4. Negro mothers and prospective mothers indicated their desire to cooperate in protecting Negro children from congenital syphilis.

5. The ground was laid for definite community efforts for the prevention of blindness among Negroes, especially that due to syphilis or gonorrhea.

6. A large proportion of Negro public health nurses and social workers of New Orleans were instructed in modern public health measures for combating the venereal diseases.

7. Industrial leaders became aroused to the need for their cooperation in community activities directed towards the reduction of syphilis and gonorrhea among their employees.

8. Demonstration was made of the advantages of inter-racial cooperation on the part of community leaders in campaigns directed against these diseases among Negroes.

9. A concrete and practical program for a sustained effort against venereal diseases in New Orleans was developed, and plans were decided upon to put this program into effect.

THE MINISTER AND MARRIAGE

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“Whom God hath joined together”—so says the clergyman in solemn tones of warning to the couple that stands before him, implying of course, that it is an act of God if he as a clergyman officiates. It is this implication that makes him so deeply concerned over the matter of divorce. One does not like to admit that such a high proportion of the acts of God prove failures as is the case in America. One divorce each year to every six new marriages is a record that makes America seem a disgrace, domestically, in the eyes of the world; and if due allowance is made for the one-fourth of all marriages that were not blessed by the church but performed by civil officers, the figures are still comparatively high. It is possible for the minister to object that the State has no business to grant divorce for most of the legally permissible reasons and maintain stoutly that if physical infidelity, “the Scriptural ground,” alone were recognized the record would not be as it is. In no way would the fact of human unhappiness produced by such a large proportion of unions be affected by such a contention. The truth is that just as so many clergymen take all too lightly their responsibility to the State in performing a marriage ceremony, they fail utterly to realize what they should and might do in the interests of spiritual well-being in terms of happiness and true success. Preventive medicine has long since become the objective of the medical profession. Preparation for marriage, rather than so much concern as to how he shall act with regard to divorce, ought to be the objective of every minister who is at all sensitive to the importance of his relation to the future weal or woe of those whom he is called upon to unite.

The average couple in presenting themselves to a clergyman suppose that they have come to arrange date, hour and place for the ceremony and to be instructed in their deport-

ment during the ceremony. Perhaps they have learned to expect today that certain legal aspects will be inquired into, such as age, consent of parents, former marriages, residence, and the like. But if a clergyman begins to enquire a little deeper, suggests separate conferences with bride and groom and begins to probe into matters of physical, social and psychological importance, there is wide-eyed surprise and occasionally resentment. And yet, if the clergyman has the least concern that what he is about to do shall be dignified by the description "made in heaven," how can he do otherwise, especially in a day when the factors which make for successful or unsuccessful human relations are beginning to be understood.

Modern conditions of living make the discharge of the celebrant's responsibilities much more difficult. Young men and women are torn out of the setting in which they grew up and away from the friends with whom they played from childhood and whose parents knew each other, and are hurled into our great cities, generally just at the time when they are most susceptible and most eager to marry. Their acquaintances are necessarily more or less, principally more, chance acquaintances and instead of means for real knowledge of each other such as the home in the small town afforded, the only opportunities are restaurant tables, the movies, dance halls and doorways on the street. They become fascinated with no realization of how much more than fascination is essential for the foundation of an enduring relationship. Dean Brown of Yale once said "You wouldn't pick out a horse by moonlight and yet that is the way in which most young people pick their life partners."

For those who can be gathered into churches, which is unfortunately not a large proportion, an opportunity is offered for the setting up of groups in which all phases of this all important and most absorbing matter of marriage may be discussed under the leadership of a properly trained and competent person. A group for the preparation for marriage was organized under trained leadership in my church; and likewise the parents, in so far as they were available, were organized that there might be harmony between the point of view that the young people were absorbing and the point of view reflected in the home. No subject whatso-

ever was taboo. The amount of knowledge or ignorance concerning the physical organism was inquired into. Other subjects of discussion included: Is sex experience before marriage damaging? what makes a marriageable risk in a partner? is a difference of social background important? the wife with a job, and allotting the family income.

All who participated found the discussions illuminating and of value. It was discovered, however, that there were those who held back from such a novelty, lest they be regarded as looking for a partner or in some other way "queer." Perhaps for some time to come the most successful method of preparing youth for marriage will be through groups in which the sexes are segregated or by the more time consuming method of individual conference. But that the church has both an opportunity and an obligation to prepare its youth for the momentous step to which the church ushers them, is to my mind beyond question. It isn't the job of the family doctor alone, as was formerly said, for it isn't a matter of physiology alone, and it must be frankly acknowledged that there is usually a psychical barrier between parents and children which makes it impossible for those whom their children perhaps have often seen bickering to accomplish the task successfully. Especially is the task difficult for parents, if for any reason the ambition of the parent has persuaded him or her to frown upon the particular fancy of the boy or girl.

The majority of those whom the clergyman marries, however, are persons whom he has had no opportunity to educate. He must, then, deal with the couple before him much as if he were attempting to condense the instruction he would have liked to have given. He should enquire of the man particularly, how much he knows of the physical structure of a woman, for it is beyond dispute that much tragedy results from ignorance of that most essential part of the anatomy which our schools in their instruction refuse to admit exists. In spite of the voluminous literature of today, it is surprising how very few persons have even an elementary knowledge of the structures which marriage brings into function and it is consequently not surprising that many a marriage goes to pieces on that rock of physical misery. There are authenticated books which the clergyman can have at hand to loan.

Are the couple in a position to have children? or must the girl keep on with her job and the family be postponed for a time? is another important question. If the family must be postponed, what is known of scientific methods of control, or is the knowledge confined to street corner talk? To direct to proper sources of information, I regard as a clergyman's duty. So much for matters physical about which much more might be said.

How long, and how well have the two known each other? Have they discovered whether or not they can be good play-mates, enjoying the same sorts of amusements? Have they intellectual interests in common? If they are of different types, one subjective and the other objective, do they understand the differences so that they can "live and let live," the one adjusting to the other? Were they brought up in homes of similar standards and if not, can they make allowance for differences in behavior due to differences in standards? Religious nurture means a whole cultural world, and wherever that nurture has been according to widely different traditions, I always ask whether this variance has been taken into account so that it will not prove a source of constant conflict. Most important it seems to me is to discover whether either one is an only child, or an only son or daughter, and then try to make plain in the light of modern psychology, what the possibilities of misery may be for the bride, in a husband "tied to his mother's apron strings," which we now call by an elaborate name; or for the husband, in a wife attached to a domineering parent. I was once called at the last moment to officiate at a wedding in place of a friend who was taken ill. When I arrived, the guests were assembled and the orchestra playing. A hasty glance at the license disclosed the fact that there had been two previous divorces on the part of the groom. Assuming that my friend had satisfied himself concerning these and regarding myself as his mouthpiece only, I proceeded with the ceremony, though with grave misgivings. Afterward a vivacious lady turned to me and said "Dear Harry! No matter what happens, he never neglects me. He always says his mother is his first love." And I knew then that I had prepared another job for a Reno judge. Instances of the tragedy of a mother complex and

the difficulty of resolving it even after the mother has died and become only a binding memory, have been so numerous in my experience that I want to be very certain that the young man, as he stands before the altar, is able to put the woman who has been first in his life to that moment in second place, and take the woman who stands beside him and put her forever in first place so that, whenever comparisons arise in his mind, it will always be his wife's way that is the better. This is certainly a good "Scriptural" interpretation of marriage for it was no other than Jesus who said "A man must forsake mother and father and cleave unto his wife."

Of especial concern to me as a minister of religion is the understanding which the couple have of a word that has rapidly been emptied of its deeper significance in our day—the word "love." Do they have a conception of it which passes beyond physical fascination and gives them a glimpse into the psychical substance they are to build up when they promise to each other their love? A clergyman loses a precious opportunity who does not at least hint what the fuller significance of love may be—not in an address to the bride and groom during the ceremony, when they are in no condition to weigh words, but in consultation in advance. Starting with its physical foundation he may show how it is the glory of the human to spiritualize all the functions that we have in common with the lower animals. Eating has been elevated from the gnawing of a bone to a feast of kindred minds. Likewise the sex act, which may be degraded lower than an animal experience, because of the very sacrifice of man's ability to appreciate, can be made an experience through which everything that is exquisite and fine flowers in his mind. Beyond this, however, is the respect, admiration and affection which plumb greater and greater depths as common interests and endeavors draw the two together. Accumulating shared experiences and memories both of high moments, and even of great sorrows, nourish the emotion with which the two regard each other, so that the love which is the ultimate product of years of an enduring relation is something only faintly foreshadowed in the initial desire for one another. It is for this spiritual fruitage that religion is zealous in its aid to the

efforts of the centuries to achieve the monogamous relation between a man and a woman.

Some ministers have set for themselves a rule that they will not perform a ceremony until a certain number of days after the license has been issued. That may be a useful formality for the common good. My own feeling is that no rule will accomplish the precautions that are necessary. If you know the facts and are satisfied that the marriage promises success, there is no reason why the ceremony should not follow the moment the license is issued. If you do not know them you should not officiate until you do, whether it takes one day or many. I agree with the contention of the Russell Sage Foundation report that the formal delay belongs between the application for and the issuance of the license, that the civil office may have opportunity to investigate the matters pertaining to the state.

The minister is constantly confronted with extraordinary conditions where he can have no guidance save his own conscientious desire to serve the ends of human welfare and happiness. There is, for instance, the case of the boy and girl who have "got into trouble." In one instance in my experience the boy was still in his teens and earning only fifteen dollars a week; the girl was in her early twenties and belonged to a family of moderate means. It took but a short time to discover that they were deeply attached to each other and sufficiently akin in spirit to be very happy together. It seemed apparent that the baby should have the advantage of developing in the atmosphere which its parents' love for each other would produce. I volunteered to accompany the two to break the news to the girl's mother. After the initial shock, we were able to plan for the marriage. I shall never forget the beauty of the scene several months later when I stood by the bed in the hospital and watched the joy of those two young people in their infant and in each other. A year or so later it became apparent that the acquiescence of the girl's mother was solely for the sake of her daughter's good name and that it had been her intention to bring about a divorce as soon as possible. The deadly work of poisoning the girl's mind had begun almost at once and I am sorry to say that the desired result was finally achieved.

Another case was of a different character: It was just as apparent that neither boy nor girl cared for the other. The boy offered marriage but the girl vehemently refused it. The possibility of an abortion was soon dispelled by a physician to whom I sent them, who convinced them that it was too late for any such operation without great danger. To secrete the girl so that she need not suffer too great social opprobrium as an unmarried mother, was the only helpful undertaking for the minister. With all the disadvantages of such a solution, I am certain that human well-being was better served without matrimony.

Others of the usual unusual situations are: the case where a fine and devoted fellow is deemed not socially prominent enough or wealthy enough to satisfy the ambitions of the girl's parents and the young people, therefore, seek a clandestine marriage; or the case of the young man who confesses that he is impotent but has explained it to the girl who still believes that they can be happy sharing an apartment, living as "chums," and wants to make this possible through the marriage ceremony. And so a long list might continue. The point is, that unless the clergyman has sufficient sense of responsibility for the spiritual welfare of those whom he unites, to search the lives of those who come to him, the facts upon which alone he ought to encourage or discourage the union, or help the couple to the knowledge of which they have need, will remain unknown and he will prove a blind guide to the blind. The suggestion has been made that the minister ought to marry only those of his own parish or those well known to him. If this suggestion were carried out in these days, when only half the population have church affiliations or in great cities where so much of the population is transient, it would compel large numbers of those who desire to recognize the spiritual values of marriage through a religious service to content themselves with a civil ceremony only. There is every reason to encourage persons who do not ordinarily feel the need of institutional religion, to bring the deep experiences of their lives to it, when they are so inclined.

In *Marriage and the State* by Richmond and Hall, a sample *Minister's Record of Application for Marriage Ceremony* is set forth. There is only one question in the ten listed that

even remotely touches the matters that should primarily concern the celebrant who is interested in successful marriage that is productive of spiritual values. The question is: "How long have the two candidates for marriage known each other?" The other nine questions have to do with the legal relations. In other words, the record would be an excellent one for a civil officer but misses that which justifies a minister of religion in officiating.

Perhaps the primary blame for the failure of the clergy of the present day to discharge their responsibility fully is due to the theological school. No adequate training for this department of the "cure of souls" has been provided. And yet more important than many of the scholastic subjects pursued, is the matter of the soundness of the basic institution of society—the family. Must the church stand helplessly by, witnessing the wrecks of homes and the blighting of the lives of children of divorce because of a ministry that is unequipped to enlighten youth as to the qualifications necessary for a partnership that is to be happy, rewarding and enduring? The wonder is that more ministers have not been shocked into a knowledge of what they might and ought to do as celebrants of the marriage ceremony, from their experience with post-marriage infelicity. How many times when the minister has been called into consultation by unhappy husbands and wives, does he say to himself, "this marriage ought never to have taken place," or, "had these two only known enough to have started right, all these minor conflicts would not have mounted to such an impasse."

The romantic spirit which has such magic power to enhance all our relationships needs guidance and needs to be harnessed to intelligence in a day when life is difficult, complicated, and moves at a nerve-wracking pace. Science can be the hand-maiden of religion in no more important task than in steering love away from surface shoals that make men cynics, and into the deep channels which contain the glorifying and enriching values which many oft-married persons never know.

To some minds, the steering of love may suggest the annihilation of romance. The fact is that love is always steered, unconsciously perhaps, and largely by false compasses. The average young American spying a beautiful Chinese woman

seldom looks upon her as a possible bride. Many young men restrain their fancy where there is not wealth or social advantage of some sort. As over against all such delimitations of the field of selection, the suggestion is, that we now know enough to draw intelligent lines within which the possibility of happiness is lifted to probability and the stability of the home assured.

"Come and see me from time to time. Let me know something of your joys and difficulties. There will be occasions on which you will need the council of one who is disinterestedly interested. Remember that the man who married you is eager to help you make your marriage a true success. . . ." With some such words, a clergyman expresses to the departing bride and groom his concern not for a ceremony but for a living fact. And it often happens that some of his most rewarding opportunities come to him as a spiritual adviser through the stretch of years.

"What psychologists call the mind-set is important. If two sensible people, in love with each other, decide to get married, it is almost essential that they enter upon their life together with the expectation that the relationship is going to last until death parts them, consciously committing themselves to a policy of going half-way and more in everything, of overcoming obstacles, of rising above difficulties, of making a success out of their life together. If marriage is undertaken in this spirit, it may even prove that whatever misunderstandings and subsequent reconciliations take place will only serve to strengthen the bond between them. Thus joy and sorrow, encouragement and discouragement, pleasure and pain, will be equally useful to them. There is nothing in the world to compare with what life-long monogamy offers. And those whose own experience has deepened with the years testify to this. Any other suggestion as to the organization of family life seems ridiculously out of place. To mention polygamy, polyandry, group-marriage, marriage of convenience, marriage-divorce-remarriage, or any other arrangement in the same breath with it would seem like suggesting the possibilities of mere money-making to an artist whose life had been enthusiastically devoted to creative effort. With all its difficulties, monogamous marriage can be made to work; and if it is really successful, it works better than anything else."

ERDMAN HARRIS.

COMMUNITY CONTROL OF DISEASE IN TIMES OF DEPRESSION—I *

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When one comes face to face with the many problems of the social dislocation caused by our severe and prolonged depression, it seems as though a dark cloud had spread over many of our people. The casual observer may be overcome with a sense of pity and have a feeling of hopelessness. But this conference on Social Hygiene has been organized, I take it, with the determination not only to face the facts, but to convert the emotions of those who participate in it, as well as the attitude of the general public, from pity and hopelessness into action, and to determine, as far as possible, the wise and fruitful methods of carrying on the fight for one of the most urgent problems of the situation, the preservation of health.

Many years ago, Dr. John Brown in his matchless story *Rab and His Friends* described the medical students at Edinburgh crowding into a surgical amphitheatre to watch an operation before the days of anesthesia or of aseptic surgery. He said "Don't think them heartless; they are neither better nor worse than you or I; they get over their professional horrors, and into their proper work, and in them pity as an emotion, ending in itself or at best in tears and a longdrawn breath, lessens, while pity as a motive is quickened, and gains power and purpose. It is well for poor human nature that it is so."

It is the object of this conference then, to find how pity may be quickened as a motive, and how it may gain in power and in purpose.

Tonight we are to consider one of the many questions that are presented by the depression, the control of disease, with special emphasis on the venereal diseases. Let us review briefly some of the factors of the situation that are respon-

* A paper presented at the New York Regional Social Hygiene Conference, January 24th, 1934.

sible for making this question urgent. First of all, perhaps, should come the disturbance or disruption of family relations. Economic necessities send fathers off to distant places in search of work and compel mothers to seek employment. Children and young people are deprived of the paternal care that would ordinarily be given them. Families crowd together and privacy and decency assume a lower place in the endeavor to provide shelter at a reduced cost. Many young people, boys and girls, are swept out into the world as transients, away from normal social restraint and exposed to all the evil influences of the road. It is estimated that there are 1,250,000 transients in the country today. Many strangers are thrown together in order to obtain emergency shelter or as newly organized employment groups, temporarily housed under conditions in which social and medical organization have been well-nigh impossible.

Innumerable families, too, among our ten million unemployed, have fallen from a state of self-supporting independence to one of dependency, to whom medical service is no longer available on the terms to which they are accustomed, and who have a repulsion from seeking free medical care when needed.

These are some of the material facts in the situation, but they fail to give a picture of the inner man. It is difficult to evaluate the change of attitude, of spirit, and of moral standards that must take place in many persons. We know that all these factors lead to an increase in prostitution and in delinquency and set the stage anew for the spread of the venereal diseases. They form a new challenge to the forces of social hygiene, just as they are a new challenge to all health and social agencies and organizations, governmental or private. It is a challenge to be accepted by them as a coordinated group and with thorough-going cooperation, in order to combat the downward pressure of the situation in which we find ourselves. Any wise and successful movement to alleviate this combination of circumstances which constitutes the present-day social turmoil plays an effective part in the community control of disease.

My part tonight is to direct our thoughts to the medical aspects of the problem, and to discuss briefly the rôle the

medical profession should play in this situation. I find it easier to point out difficulties than to make practical suggestions. However, it is better to know what we should plan to do with a reasonable expectation of success, and what our limitations are, than to fool ourselves by a pretense or by wishful thinking.

In regard to what we should attempt to do, we should bear in mind that the control of venereal diseases cannot be separated from the treatment of the individual patient. This is more strictly true than in any other field of public health. Secondly, there is no field of public health that requires more expertness, not only for the treatment of the venereal diseases, but also for their certain early diagnosis. Thirdly, in no other field of public health is there greater need for well-trained medical men, backed by efficient and reliable laboratories to utilize the modern resources of bacteriology and chemotherapy in the prevention of the spread of these diseases. Fourthly, there is no field of public health, or of private practice for that matter, that requires the same individual relation between doctor and patient because of the necessity of intimate professional relations and for the personal control of the patient which the doctor must exercise in order to make prevention and treatment successful.

Under no circumstances do I believe in the methods of mass production in medical service, but especially is it undesirable in dealing with the venereal diseases. Public health, no matter from what angle it is viewed, should be guided in its relations with individuals by the same principles as those of medical service.

Public health should be practiced as far as it affects individuals in divisions of communities small enough so that the individuals may, in a general way, be known. It is for this reason that it can be practiced ideally by the family physician, and we should encourage his return to the field of medicine, not as he once was, but armed with the new knowledge for the prevention of disease as well as for its detection and treatment. It is also for this reason that organized public health, as conducted by tax-raised funds, should deal with communities as units over which it can have a reasonable degree of human understanding and knowledge. The plan now advo-

cated for the development of health centers in this great metropolis of New York City seems to be the only way in which the practice of preventive medicine and of public health, as concerned with individuals, can ever reach its desired effectiveness.

Social service has never approached its problems in the spirit of mass production, and medicine should not be expected to do so, for the same general reasons. Statistics are valuable only so far as they are made up of many accurately determined units, and results in public health, in social work, or in any activities for social betterment, are only of value when they indicate that a large number of individuals have been benefited. It is the quality of the treatment given to the individual that is the real measure of the efficiency of practice, whether it be preventive medicine, social work, or medical practice.

We should think earnestly, as this conference has been doing today, about what should be done in regard to the community control of venereal diseases, and endeavor to carry out as much of an effective program as is possible.

There are many phases to an effective program involving, as you have heard today, doctors, social workers, the courts, the police, and various local, state, and federal agencies. I can speak only of some of the medical aspects which such a program should encompass.

The first attack in preventive medicine is public enlightenment. In this field the leadership of the American Social Hygiene Association has done a great service. Not only should its efforts be given greater support than ever by the press and by all the usual channels, but an effort should be made to bring knowledge regarding the dangers and methods of prevention of venereal diseases to the new groups and to dislocated persons wherever they may be reached. Unabated efforts should be made to emphasize the importance of the problem to those in charge of such groups. Efforts should be made with renewed vigor to awaken a sense of responsibility for the protection of the health of the individual and a sense of responsibility that each individual should have for the health of others.

The second point of attack is the removal of sources of

infection. Leaving aside at this time the difficulties involved in the problems of prostitution, it may be said that much is to be desired in the study of the epidemiology of the venereal diseases. Every case has arisen from a previous one, and if more could be done in tracing backward the disease to its forerunners, much might be gained, as is illustrated by the epidemiological study reported by the Minnesota Board of Health. The difficulties of this problem are well known, but again public enlightenment and a better developed sense of individual responsibility would make it easier. Perhaps new groupings and new circumstances of the present situation will open opportunities for this important means of prevention.

Thirdly, the discovery of cases of venereal diseases in their initial and highly infectious stages is a large factor in the prevention of their spread. This can be accomplished only by organized health service with frequent health checks and by the establishment of confidence and understanding between the medical man and the groups for which he is responsible. Here new conditions may make new arrangements possible, and here again public education will tend to bring to the doctor the early case, provided the doctor can be reached by efforts which are not beyond the energy, financial resources, and determination of the average human being.

Finally, adequate means of bringing every case of venereal disease into a non-infectious state as soon as possible is of paramount importance. However, after the patient has been placed under treatment for this purpose (and hospitalization is not often necessary), he or she must be carefully and sympathetically instructed in regard to the protection of others until pronounced non-infectious.

Careful study and efficient laboratory examinations combined with good clinical judgment are needed to determine the question of non-infectiousness, just as they are needed for a correct early diagnosis. This period is reached long before treatment of the disease is completed, and may be considered only as a step toward prevention of the spread of the disease and by no means the end of essential treatment.

Much was learned in the Great War in regard to the control of disease, and great emphasis was placed on the prevention

of the venereal diseases as important for the conservation of man power. The conditions, however, were very different from the present situation. In the war, men were regulated by the strong hand of military discipline, while now any sort of discipline is hard to maintain. Although much may be learned from the present situation, as our social disturbances gradually come under control, the lessons will be different because the methods of organization and of social control must be different. The recognition of the problems, however, should be just as clear and the determination to find the way to meet these health problems just as great now as then.

While keeping in mind some of the requirements and objectives for the maintenance of an adequate community service for the control of disease, let us briefly consider some of the problems which the depression forces us to face.

In the first place, reports from various parts of the country indicate that the existing public facilities for the treatment of venereal diseases are heavily overtaxed. In some communities from 1929 to 1932 the number of patients has been doubled. This may be taken to indicate both an increase in these diseases and a larger number of people dependent on free or low cost treatment. The reports indicate that many problems in the control and treatment of venereal diseases cannot be met with the present forces and budgets. Funds are needed for more space, for the purchase of drugs, for extensions of administrative organization and social workers, and there is a great need for doctors to carry out the greatly increased case load. Under these conditions, efforts should be directed in many communities to decentralize the facilities rather than adding to those already existing, in the interests of more efficient work in prevention as well as treatment. There are normally in this country over one million patients constantly under treatment for venereal diseases, nearly all of whom are between the ages of fifteen and thirty. It is estimated that about 80 per cent of those with syphilis cannot pay for adequate medical treatment. Here we see immediately the size of the problem, as it must be borne in mind that adequate treatment is one of the chief factors in the control of the spread of the venereal diseases.

At the same time come the reports of the financial difficulties of voluntary hospitals and of clinics supported by private philanthropy. The urgent needs in this field of preventive medicine have certainly far exceeded the facilities.

What I wish to emphasize to those who are making great efforts to solve the more strictly economic problems of the supply of shelter, heat, and clothes, and especially the underlying cause, unemployment, is that medical service is also one of the urgent necessities of the situation, and that medical care is a part of family relief. This consideration is perhaps no better exemplified than by a consideration of the problems of the control of the venereal diseases. The toll of the venereal diseases will far outlast that of poverty and unemployment. However, to extend and maintain constructive and efficient means for the control of venereal diseases in camps, among transients, in rural as well as in urban communities, the leadership of medical men especially trained for the work is required, backed by adequate facilities. Every doctor has not had the necessary experience and training, and those that can carry on these tasks efficiently are few. The present services cannot be extended or new services set up in a haphazard manner if returns in service are to be commensurate with their costs.

Funds should be sought for medical service, just as they are for other emergencies of the depression, and they should be used either by extensions of the existing public services or under the direction of city, county, state, or federal departments of health.

Such a method places further burdens on the taxpayers, and increases the cost of government, but is it not a justified and urgent expenditure which the public would want made if they understood? The Honorable Joseph V. McKee recently pointed out in a very able speech on *Medicine and Modern Sociological Trends*, before the New York Academy of Medicine, some of the factors which have greatly increased the cost of government. It was, he said, the demands of the people for more and better education, for the relief of widows and the aged, and for many other demands arising from new social concepts that had increased the cost of government

during the past few decades. If this is true, as it surely is, how long should we wait to demand adequate facilities for the lessening of a disease that costs \$100,000,000 a year for its treatment and cuts down earning capacity by \$84,000,000? It is true that these figures probably apply to the situation of a few years ago, but they indicate the order of magnitude of the financial loss caused by the venereal diseases.

The control of the venereal diseases is a public health problem which can be met adequately only by public organizations and financed by public funds.

In these times, doctors cannot be expected to work as volunteers, and more attention and thought should be given to these health problems than can be expected to be given as a side issue from a medical man. An extension of medical service to those unable to pay for it and for whom adequate medical facilities do not now exist should be looked upon as a major problem in these difficult times.

The principle of employment of doctors by the state or federal government, or at least remuneration for their care of individuals from tax-raised funds, is a problem which has stirred the medical profession deeply, but I believe that it is a necessity in order to meet the present conditions and will come more and more to be the method of solving problems of medical service for the great majority of our people to whom it is now not available under conditions for which they can afford to pay. The medical profession has made great voluntary contributions in the past, but now it finds itself in financial difficulties which make it doubt its ability to continue to do so. Medical service must have its place in the solution of our problems of depression and should be reckoned among the costs.

The social disturbances of the depression hang over many people like a cloud. It is our part to do what we can to brighten the shadow of that cloud and to remember that a shadow is only possible when the sun still shines, giving it the proverbial silver lining. Let us, in closing, speculate for a moment on the possibility of the silver lining, and what it may mean. It may mean an improvement of the means to meet social disorder in the future. It may bring many people

under the guidance of wise social practice and legislation. It may mean a better organized health service, with a deeper and wider understanding of its value and methods, and it may mean a better integration and cooperation between all those forces being directed for the social and physical betterment of mankind.

COMMUNITY CONTROL OF DISEASE IN TIMES OF DEPRESSION—II *

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It is easier to criticize the sorry scheme of things in entire than to remold them to heart's desire. However, a social service mindedness has been gradually developed in the public which is now manifesting itself in the policies of our Government.

We are all vitally interested in the problems of our neighbors as defined by our President. The medical profession welcomes the opportunity to coordinate and work with the seventeen agencies represented in this Conference. While it is true that the medical profession has not concerned itself with political systems as such, it has been responsible indirectly for the initiating of new social orders through the eradication of disease, the reduction of industrial hazards, and making the world a safer place for man to live in. These indirect influences have modified the political and social aspects of national and international life.

The medical profession has found its task equally as burdensome as have the various social agencies during the great depression of the past four years. The marked reduction of income, the shift of patient from private doctor to clinic, the tremendous over-crowding of clinics, have all rendered the physician's task almost unbearable. Statistics indicate that in the prosperous periods of 1929, 50 per cent of physicians received an annual gross income of \$3,800 or less, about 25 per cent \$2,300 or less. During the past two years their in-

* Abstract of a paper presented at the New York Regional Social Hygiene Conference, January 24th, 1934.

comes have been further reduced until now many are absolutely destitute. The physician cannot exist through scientific pabulum or through the shibboleth of "gaining experience." Some means must be devised to compensate him so that his morale be sufficiently sustained in order to enable him to render the service so urgently required.

An agreement has been reached between the medical directors of the Hospitals representing 65 per cent of the total admissions to Clinics, and the Medical Society of the County of New York, which embodies the following general principles:

1. Physicians working in the Out-patient Departments should be paid.
2. The economic eligibility schedule should be observed, as follows:

An unmarried applicant earning \$900 or less per year without dependents should be admitted for dispensary care. The following minimum schedule was considered a fair one to guide admitting officers in the matter of patient's financial ability to pay for private service:

	<i>Annual income</i>
Single individual.	\$900
Family of 2.	1400
Family of 3.	1650
Family of 4.	1900
Family of 5.	2150

(Add \$250 for each additional dependent)

The total family income is to be considered where parents and children are working.

Where the medical expenditure would not exceed \$25 the case should be considered one for private care and should not be accepted by dispensaries when the earnings exceed the above schedule.

3. A proper staff of registrars and social service investigation should be maintained in order to prevent fraud.

There are 1,500 doctors working in the outpatient departments of the municipal hospitals of the City of New York. None of these doctors receive any remuneration. In the opinion of organized medicine it is proper that the taxpayer should assume this burden on a basis of \$5.00 for two hours work. This would cost the City approximately \$4,000,000.

We have heard a great deal of the high cost of medical care to the non-indigent and the white collar class. We have heard

much less of the high cost of medical care to the indigent. The per capita cost in various hospitals varies 100 per cent. Much of this variation can be reduced by simplification of methods, by reduction of overhead, and by emphasis on clinical rather than the laboratory medicine. There has been an underestimation of clinical medicine.

It is believed and hoped that the lay directors of privately operated institutions will be less institution minded and more public minded in the future policies of these institutions, and will coordinate their activities rather than compete with each other for supremacy. Proper zoning of hospitals would be serviceable to the community; at present within 20 blocks there are at least eight hospitals rendering more or less the same service.

The question of public health clinics, especially for communicable diseases, has given rise to much discussion. The venereal disease problem seems to occupy the minds of most of those interested along these lines. However, it is to be pointed out that other communicable diseases, such as scarlet fever, diphtheria, and measles are refused in practically all general hospitals; that the vast majority of these diseases are treated at home under the rules and regulations of the New York Board of Health. The same methods could be applied to the venereal disease problem. Furthermore an analysis of the average charge made in the clinics to these patients show that a large percentage of them can be treated privately by the same physicians rendering services in the clinics for the average prices paid in the clinic. Organized medicine believes that this work can be more efficiently and economically done by being distributed to a group of qualified practitioners.

Our city institutions are greatly overcrowded, while many of our privately operated institutions are only about 75 per cent or less occupied. Many of the latter are financially unable to accept patients unable to pay their minimum ward charges, which vary from \$1 to \$4.50 a day. The cost to the hospital, however, is from \$4 to about \$7 a day. The City of New York pays to privately operated institutions for urgent cases \$3 a day. It costs the city about \$4 a day. It would seem good business for the city to fill these privately operated institutions. Furthermore, the city should pay the private institu-

tion the per capita cost of a patient in a municipally operated hospital.

The recent preliminary report of the Milbank Foundation indicates that the morbidity rate will increase in the next few years. This will make the problem of the hospital, doctor, and social service agencies more acute.

In the group of families investigated, the average annual income was \$1,700. In 1932 these same families earned \$900. One-fifth of the families were actually on relief. Poverty breeds disease, sickness and impaired vitality. Our problem of relief and medical care may have to be enlarged. Organized medicine will continue to play its part and give of its all. However, during the emergency adequate provision must be made for the profession in order that they may in turn provide adequate service to the community.

EDITORIALS

FEDERAL FUNDS FOR THE INDIGENT

The letter by Mrs. Frame in this month's Forum (see page 217) raises a timely question, which is answered for one State by the news item regarding Delaware's plan for indigent treatment on page 214.

It is yet too early, according to Dr. Jost of the State Board of Health, to say how the plan will be received by the medical profession in Delaware and what its results will be. However, it seems a well-thought out proposal for solving the problem of providing medical care for people unable to pay for it in districts both urban and rural where there are no public clinics, although it is recognized that the financial aspects as related to medical service may present difficulties. Other states have worked out similar schemes for providing drugs and supplies to doctors willing to treat indigents on one basis or another, but with the shortage of money for health departments a good deal of this type of aid in the public health campaign against syphilis and gonorrhea has had to be abandoned.

The regulations issued by the Federal Emergency Relief Administration, *Bulletin No. 7, Governing Medical Care Provided in the Home to Recipients of Unemployment Relief*, specifically provide for such medical relief, including the payment of compensation to physicians, the working out of details being left to the local and state relief directors.

The success of the plan depends, of course, upon intelligent cooperation between the relief directors, the medical profession and the health authorities. Unfortunately, the relief directors in some places have been slow to admit that gonorrhea and syphilis are conditions which can be cared for under these regulations. Where this obstructionist attitude obtains, it is important for those who are concerned regarding social hygiene matters to urge the inclusion of medical care for syphilis and gonorrhea in the general schemes for medical relief which are instituted. All who are interested in such problems should be familiar with *Bulletin No. 7*, and should take such opportunities as may be presented to assure the applications of these regulations in their communities.

THE ELIOT IDEAL

The centennial celebration held at Cambridge last month by the Charles William Eliot Memorial Association may well serve to remind the world that current trends in our national life, though epoch-making as regards their consideration of human health and happiness, do not transcend the ideals of an earlier day. Many of the social improvements now in the making are no more revolutionary than were those planned and often put into action by President Eliot, born one hundred years ago this March 20th. His wisdom was great, his sponsorship and pioneering in worthy causes for human advancement were zealous and fearless, as we who under his guidance marshaled the first modest efforts in the social hygiene field have grateful reason to remember.

A recent editorial in the *New York Times*, commenting on the National Education Association meeting at Cleveland, expresses our thoughts. Under the heading *Eliot on Education*, the writer says:

In what might be called his last educational will and testament Dr. Eliot outlined a program of public education. The teachers in session at Cleveland could not do better than adopt it as a platform on which all can stand who look forward to education's more helpful part in a democracy. It is a counsel of perfection, but its words should be written in letters of light as defining the ideal to be made real as far as possible. As Barrie once said of "the equal chance" to be got through education for the children and youth of Scotland, the words "as far as possible" tarnish the splendid hope. He looked forward to the day when "we may be able to cast them out." It is to be hoped that we of America may find it possible to approach more and more closely Dr. Eliot's ideal for all children.

In summary, his program was set forth as follows:

1. Enlist the interest of every pupil in every school in his daily tasks in order to get from him hard, persistent and enjoyed work.
2. Cultivate every hour in every child the power to see and describe accurately.
3. Make the training of the senses a prime object every day.
4. Teach every child to draw, model, sing, or play a musical instrument and read music.
5. Make every child active, not passive; alert, not dawdling; led or piloted, not driven, and always learning the value of cooperative discipline.
6. Teach groups of subjects together in their natural relations.
7. Put into all American schools universal physical training for both boys and girls from 6 to 18 years of age.
8. Make sure that every pupil has a fair chance to learn the elements of agriculture, dietetics, cooking and hygiene, every boy the elements of some manual trade and every girl the domestic arts. The instruction in hygiene should include the defenses of society against the diseases and degradations consequent upon ignorance, moral depravity, poverty and vice.
9. Make room for the new subjects and for increased instruction addressed to the individual pupil; reduce class work and the size of classes, lengthen the school day and shorten the Summer vacation.
10. Keep the atmosphere of every school and family charged with the master sentiments of love, hope and duty. Keep out both fear and selfishness.

This is a large order, but it is one that democracy must undertake for its own sake. There could be no better celebration of the centenary of Charles W. Eliot, the great educational statesman, than the general adoption of this program as a code for the schools.

NEWS AND ABSTRACTS

May Day—Child Health Day.—Social hygiene societies are urged by the May Day—Child Health Day Committee of the State and Provincial Health Authorities of North America to cooperate with the May Day Chairmen in their respective states in the planning of this year's programs for this occasion. The names of state chairmen can be obtained from the State Department of Health.

With the long period of financial distress there is continued need, and in some places an increased need, for special measures to protect the health of mothers and young children, and there is greater need this year than ever for all organizations to work together in this cause. *Mothers and Babies First* is the May Day slogan for 1934. The American Child Health Association has a limited number of copies of the 1933 May Day booklet of suggestions which may be obtained at 10¢ a copy, certain other material is free for distribution and may be secured from the American Child Health Association, 50 West 50th Street, New York City.

"Make Motherhood Safe for Mothers."—This is the slogan adopted by the Maternity Center Association for its Maternal Health Campaign centering around Mother's Day, May 13th, which is to be observed by women's clubs, men's clubs, medical societies, chambers of commerce, and other professional and civic groups, joining in community efforts throughout the nation. This is the Fourth Annual Mother's Day Campaign. In the three previous years effort has been made to arouse the public to the importance of the fact that two-thirds of maternity deaths are preventable,—that 10,000 of the 16,000 women who annually die in childbirth could be saved. This year an important step forward is to be taken. Groups working in every community are being asked to do something quite specific and definite about this problem. In order to do this, communities must study their own local maternity facilities and determine just what is needed. Appraisal forms will be made available, and by the use of these, any group of persons may ascertain the adequacy of measures for maternal care in their own town or county. Such questions as these are asked: "Number of maternity beds"? "total number of births in the last year"? "number of deaths in the last year"? "is organized pre-natal service provided"? "is your hospital approved by the American College of Surgeons"?

It is hoped that the fine sentiment which has surrounded Mother's

Day may now be translated into pertinent local action, that groups in every community may work with their own physicians, health officers, nursing associations, and hospital authorities, to alter those factors in the situation which are barriers to safe motherhood. Appraisal forms may be secured without charge from the Maternity Center Association, 1 East 57th Street, New York, N. Y. Prizes are to be awarded those groups which have the highest rating for making a thorough-going survey and presenting a plan for improvement based upon the survey. Programs for club meetings are also available without charge, as well as publicity material for local Mother's Day Campaigns, designed to direct the sentiment surrounding this occasion into channels that will be productive of results in terms of human lives saved.

The National Health Council Elects Officers.—On February 28th the National Health Council held its annual meeting and a luncheon in honor of the new officers for the year. The final steps were also taken to complete the incorporation of the Council under the membership non-profit corporations law of New York State. The Council is, therefore, now functioning under a Board of Directors comprising the four general officers and twenty-one additional members serving three-year terms, seven of which expire each year.

The officers elected were as follows:

President—Theodore Roosevelt
Vice-President—Timothy N. Pfeiffer.
Secretary—Donald B. Armstrong
Treasurer—Frederick Osborn

Seven directors were reelected to serve for one year, and seven for two years—these fourteen constituted the membership of the old Board. The remaining seven vacancies will be filled in due course by new directors elected for a three-year period.

It is felt that the acceptance of election by the four distinguished and experienced general officers, ensures further progress toward realization of the major objectives of the Council.

The American Social Hygiene Association representatives on the Council are: Dr. Ray Lyman Wilbur, one of our Vice Presidents, Professor Maurice A. Bigelow, Chairman of our Executive Committee, and Dr. William F. Snow, our General Director. Professor Bigelow is also a Director for one year and Dr. Snow a Director for two years in the reorganization plan. As a member organization the Association will continue to do everything possible to promote and cooperate in the Council's activities in behalf of health conservation and the common interests of all the participating agencies.

Medical Care for Indigents in Delaware.—The always difficult problem of providing proper venereal disease treatment for people unable to pay for it is being met efficiently in Delaware, where the State Board of Health recently issued the following memorandum concerning provision of medical care for indigents with syphilis or gonorrhea:

If funds permit, the Executive Secretary is authorized to make arrangements for the payment of physicians undertaking the treatment of indigent venereal disease patients under the following conditions:

1. The case shall have been reported in accordance with the Statute.
2. Permission to treat the case on the charge of the State Board of Health shall be asked for and obtained.
3. The preference of the practitioner respecting medical preparation to be used (arsenic, mercury, bismuth, etc.), shall have been expressed.
4. Record of treatments given shall have been noted on the case report card obtained from the State Board of Health, together with reports of Laboratory examinations.
5. On presentation of the account accompanied by the above referred to case report card showing dates, quantities and form of treatment, payment is authorized on the scale below indicated.

Intravenous injections.	\$1.00
Intra-muscular injections. . . . .	.50
Urethritis treatments. . . . .	.50
(including medicines)	

6. If, after the completion of one course of anti-syphilitic treatment and the payment therefor, it becomes desirable to give more treatments, *i.e.*, to provide more treatments on the same basis, the case report card will on request be returned to the practitioner with the authorization for the continuation of treatment.

7. This arrangement shall not apply in respect of patients living within a radius of ten miles from a venereal disease clinic carried on by the State Board.

In a subsequent communication to the American Social Hygiene Association Dr. A. C. Jost, Executive Secretary of the Board, explains that at present it is intended that the expense of treatment as provided in the memorandum be borne by the State "if funds permit." The decision as to who shall be treated is left entirely to the physician. Local conditions insofar as Delaware is concerned lend themselves to this arrangement in that members of the State Board's staff are individually acquainted with and meet frequently almost every physician engaged in medical practice. The State provides the arsenicals, bismuth, mercury, and other drugs for the use of doctors applying for compensation for services under this arrangement. With the assistance of the Civil Works Administration the State Board has been able to arrange for the appointment of a nurse to carry on follow-up work in the venereal disease clinics in the City of Wilmington.

Human Betterment.—Paul Popenoe, Secretary of the Human Betterment Foundation of Pasadena, California, in his Annual Report as Secretary for the year ending February 13, 1934, states that the major undertaking of the Foundation during the past year in the field of research has been a complete resurvey of sterilization in California, following up the first study begun in 1926. According to statis-

tics received by the Foundation from the Director of State Institutions, Dr. J. M. Toner, 578 persons in various state institutions were sterilized during 1933, bringing the total number of persons so treated in California to 9,782 since the adoption of the State Eugenic Sterilization Law twenty-five years ago. The Foundation has summarized the effects of sterilization upon men and women, as follows:

1. One effect only,—it prevents parenthood.
2. It in no way unsexes the patient.
3. It is a protection, not a punishment; it therefore carries no stigma or humiliation.
4. It is approved by the patients who have been sterilized.
5. It is approved by their families and friends.
6. It is approved by the medical staff, social workers, probation and parole officers who have come in contact with the 8,506 patients sterilized in the last 25 years and up to January 1, 1933.
7. It permits many patients to return to their homes, who would otherwise be confined in institutions for years. It thus keeps homes together and prevents the break-up of families.
8. It protects children from being born to be brought up by mentally diseased or mentally deficient parents or by the state.
9. It takes a great burden of expense off the taxpayers, and enables the state to care for many more patients than would otherwise be possible.
10. It has been followed by a marked decrease in sex offenses.
11. It enables many handicapped persons to marry and to have a life normal in most respects, who without sterilization could not be allowed to marry.
12. It is a practical and necessary step to prevent racial deterioration.

The Foundation has been much interested in the possibility of reversing the operation of vasectomy, so that in case of mistake or later change of mind on the part of the patient, the effect could if necessary be undone. A careful survey has shown the possibility of this and has brought to light successful cases and details of technique.

England Considers the Subject of Sterilization.—In 1932 the British Board of Control at the request of various health and social agencies, and with the approval of the Ministry of Health, appointed a Departmental Committee to study and report to Parliament regarding the pros and cons of sterilization of the unfit. "This subject," says the *British Medical Journal* (issue of January 27, 1934, page 156), "has been for so long before the public in the shape of letters to the Press from high, though not always instructed, authorities, memorials from public bodies, and even grave warnings from the Bench, and is at once so vital and so controversial a topic, that the report of the com-

mittee has been awaited with intense interest not untinged with anxiety."

From the review given by the *Journal*, it is evident that Mr. L. G. Brock, who served as chairman of the committee, and his eight colleagues performed their task with thoroughness and penetration, and that the recommendations made when the report was presented to Parliament on January 18th deserve careful consideration by the law-makers. We quote in part from the *Journal's* comments:

The case for sterilization of the subjects of mental disorder and defect, as a social measure, hinges virtually on two points: (1) the fact that approximately two-thirds of all defectives are capable of community life; and (2) that defectives make inefficient parents. It is true that owing to shortage of accommodation the proportion of all defectives living in the community is nearer to five-sixths; and it may be true that here and there there are defectives, able to run a household with a fair measure of success and wishful to marry, who, if sterilized, could do so without ill effect. As against this there is the risk of increased sexual promiscuity, which the committee, though it has failed to find any evidence of this after painstaking inquiry, does not dismiss as imaginary. It would be in the highest degree unwise, it declares, to assume that sterilization will in any way lessen, still less obviate, the need for supervision and after-care. Before coming to a conclusion as to the justification for sterilization the committee considered first the question of compulsion. Interpreting its reference as asking it whether there was on scientific grounds an unassailable case for compulsory sterilization it came to the conclusion that in the present state of knowledge the case for compulsory sterilization could not be established. There were other arguments against compulsion, but the sufficient reason clearly was that the committee assumed "the legislature would not feel justified in compelling any persons to submit to sterilization unless it could be shown beyond reasonable doubt that some at least of their offspring would either be mentally defective or would develop mental disorder," and of this no proof could be produced. With regard to voluntary sterilization the committee did not entertain the same doubts, and unanimously recommended that voluntary sterilization be sanctioned, on the grounds that enough is known "to be sure that inheritance plays an important part in the causation of mental defects and disorders . . . and that mentally defective and mentally disordered parents are, as a class, unable to discharge their social and economic liabilities or create an environment favorable to the upbringing of children," with the rider that there is reason to believe that the opportunity for sterilization would be welcomed in some cases by the patients themselves.

The committee argues forcibly that the case for legalizing sterilization rests upon the broad principle that no person, unless conscience bids, ought to be forced to choose between the alternative of complete abstinence from sexual activity or of risking bringing into the world children whose disabilities will make them a burden to themselves and society. This necessarily introduces the subjects, or the "carriers," of grave physical disabilities shown to be transmissible, and such per-

sons are therefore included within the committee's recommendations. Unfortunately the "carriers" of mental disabilities, though estimated as ten times more numerous than the affected persons themselves, cannot be identified with the same certainty as can the "carriers" of, say, haemophilia or hereditary blindness, whose mode of transmission is known. "The carrier," says the committee, "is the crux of the problem." From the point of view of eugenics the carrier may prove the stumbling-block also. Though there are many other points deserving notice—and particularly the part to be played by medical men, on whose shoulders the real responsibility will fall should the committee's recommendations become translated into law—it would be ungracious to conclude without paying tribute to the report as a model of arrangement of subject-matter and treatment.

THE FORUM

The JOURNAL will publish selected letters or excerpts considered of general interest, assuming no responsibility for the opinions expressed therein. Communications must be signed, but publication of signatures will be withheld when so requested.

SHOULD THE GOVERNMENT PROVIDE TREATMENT FOR RURAL INDIGENTS?

Mrs. John D. Frame, of Cuba, Missouri, a member of the Association for some years, writes us the following pertinent comments on this subject, based on her observation at first hand as an experienced health worker:

I have eagerly scanned the last few issues of my copy of the JOURNAL OF SOCIAL HYGIENE, hoping to see the announcement that some part of the millions of dollars being spent by our Federal Government had been set aside for the treatment of venereal diseases, especially in the rural districts.

Having been a social worker in a large city where treatment for venereal diseases is available for those who can not pay, and then later having had the privilege of helping to start the wheels in motion which provided similar treatment in a smaller city, I have been appalled at the fearfully bad conditions existing in rural communities where I have lived in the past few years. No statistics are available, but my observation leads me to believe a greater percentage of the population in rural communities is affected by these diseases than in the large cities, and no treatment is available for those who can not pay, except that given gratis by physicians who are already called upon for a far greater amount of "charity" service than anyone has any idea.

Our County Courts can not set aside funds for this purpose; they are already in debt far beyond their ability to pay; some of our

poorest counties paying many thousands of dollars yearly for custodial care of feeble minded and insane alone in State Institutions; and the venereal disease problem not being handled at all will create more persons needing this expensive care.

The idea that has recurred to me repeatedly is that a Federal fund should be set aside which would be used to pay physicians in the small towns for treatment of venereal diseases. Let them be paid a proper amount for each treatment given, reports being sent in to a central bureau. This would not require expenditures for new clinics, and would put money in circulation in the various communities; would lighten the burden of "charity" cases which are overburdening physicians now, and provide treatment for many who are not being treated.

Can't something be done along these lines?

(Sgd.) FRANCES L. FRAME

As indicated in an editorial on page 209 and in the news item regarding efforts of the State of Delaware on page 214, some states and communities, with the approval of the Federal government, are endeavoring to meet this problem in the way suggested by Mrs. Frame. The JOURNAL will be glad to have reports from other agencies and localities regarding such developments in their neighborhoods.

NEWS FROM OTHER COUNTRIES

International.—The International Council of Women has issued a preliminary program for the council sessions to be held at Paris, July 2-12, 1934. The preliminary agenda, among other items, calls for reports from the affiliated National Councils on the subject of Traffic in Women and Children and Protection of Children from the Dangers Threatening Their Health and Education on account of the long unemployment of their parents.

An item of interest is the resolution on knowledge of the problems of sex and sex hygiene proposed by the Standing Committee on Education, as follows:

"Whereas it is generally agreed that all young people should have some knowledge of the problems of sex and sex hygiene and that this knowledge should come from persons with real understanding of its importance for the life of the individual and of the race, and whereas many parents and older people do not know how to meet the natural questions of children on these subjects with simplicity and frankness,

"Resolved:

(1) That the International Council of Women urges each National Council to be ready to supply all organizations a brief printed list of books in the language of the country, which will help parents to discuss this subject with their children.

(2) That all institutions for the training of teachers should prepare their students to understand this subject and to be able at least to answer such questions as may be addressed to them by their pupils."

France.—The Union Temporaire contre la Prostitution reglementee et la Traite des Femmes has recently issued its report for 1933, showing fifty-four different organizations in France participating in this temporary union for combating regulated prostitution and traffic in women and children. These organizations are of varied character, ranging from protective to political and religious groups and including Catholic, Jewish and Protestant religions, with approximately 3,000,000 members. There are five local sections with 140 local groups. The budget for the year 1933 was approximately 16,500 francs. The program of action is stated to be:

1. A campaign of conferences designed to clarify opinion on the dangers of reglementation, as much from the moral point of view as that of order, public health and feminine dignity.

2. Campaign before Parliament in view of the Bill of the Commission Extra-Parliamentary for Prophylaxis of Venereal Diseases.

3. Campaign before the municipalities in order to close licensed houses which require and carry with them the National and International Traffic in Women and Children.

The Union was organized in June, 1926, by the French Branch of the International Abolitionist Federation. Its head offices are at Paris, and meetings of the General Assembly are held every year, with regional meetings in various sections of France and in the colonies at Tunis and Morocco. Bulletins are published from time to time. The organization deals not only with national, but international traffic, especially in the French colonies and mandates.

England.—The Fifteenth Annual Report of the National Council for the Unmarried Mother and Her Child, just issued from Carnegie House, 117, Piccadilly, London, states that the organization's activities have been conducted during the year along lines directed toward the general objectives, which are (1) to obtain reform of the existing bastardy act and affiliation acts, (2) to secure the provision of adequate accommodations to meet the varying needs of mothers and babies throughout the country, with the special aim of keeping mother and child together, and (3) to deal with individual inquiries from or on behalf of unmarried mothers.

A special feature of the year's work was a survey of the position of the illegitimate child in adolescence and maturity. Efforts are being made to find out what becomes of illegitimate children. Do they really form such a large proportion of young delinquents and

of the moral failures in life as is sometimes suggested? What is the opinion of the school child or older person born out of wedlock as to his treatment by his parents and the community? Could illegitimate children themselves suggest any way in which they might perhaps have a fairer chance in life?

The Council has also given attention to maternal mortality, which continues to be a subject of wide-spread concern and increased activity. The Case Committee of the Individual Inquiry Department has had a busy year,—the number of new cases registered being 829, and 262 mothers either applying for help or advice, or remaining in constant touch with the office.

About 75 voluntary organizations and public agencies have representatives in the Council, and the list of officers and committee members is impressive. Local committees exist in Birmingham, Bristol, Edinburgh, Glasgow, Liverpool and Manchester; and affiliated homes, which also appoint representatives to the Council, co-operate to the number of about 75 in London and the provinces, as well as two in Scotland.

An American reader of the report, familiar with matters handled by the Council, makes the following comments:

“This report is of much interest to the workers in this field in all countries. It is of special interest for those workers in this country and in our island possessions who deal with the illegitimate children of white and colored, or white and oriental parents. We have been faced with these problems for so long and with such limited success that our perceptions of the tragedies often involved in such racial mixtures have become somewhat blurred and blunted. While we do not perhaps require to be reminded that legitimation by marriage in such cases is even more hazardous than when the parents are of the same color or race, we might well take to heart the suggestion made in the report that there is ‘need for reciprocal legislation under which affiliation orders might be made and enforced,’ in different parts of the United States, including its island possessions and in foreign countries.”

Czechoslovakia.—*A Study of Abortions.* The results of an investigation on the frequency of abortions in Czechoslovakia was recently presented to a medical audience by Dr. H. Hecht. The report was based on a questionnaire filled out through direct interviews with some thirteen hundred married women. The data show that there is only a slight preponderance of births over the number of abortions in this group, and that abortions were about as frequent in the rural areas as in Prague. About 67 per cent of the married women admitted having had an abortion at some time. Women of middle age confessed on an average 3.8 abortions in Prague, 3.5 in rural territories.

Women older than 30 admit on the average 4.7 abortions. Five per cent of the women have never given birth to a living child, although they had had several abortions. The study disclosed cases in which three abortions occurred in one woman in one year and the total number of abortions was forty. In many cases, artificial abortions are being carried out by the women themselves. (From the *Critic and Guide*, September, 1933.)

BOOK REVIEW

THE MODERN TREATMENT OF SYPHILIS. By Joseph Earle Moore, M.D. Baltimore, Maryland: Charles C. Thomas, 1933. 535 pp.

The experience upon which the material in this book is based is derived from the patients who have been observed and studied in the Syphilis Division of the Medical Clinic of the Johns Hopkins Hospital. It is based upon the study of over eighteen thousand cases of syphilis. The work that is done in this clinic represents the highest type of medical service to the syphilitic. It can be endorsed most highly; parenthetically it might be said that it is a great pity that there are so few clinics, such as this one in Baltimore, devoted to the treatment of syphilis where complete study of the patient and experimental work are combined in a practical and scientific manner. Coming from this source and written by the head of the syphilitic clinic, Dr. J. E. Moore, the subject matter can be assumed to be absolutely authoritative. The author has, moreover, made use not only of his own material but, as he states in his preface, has made extensive use of the contributions of the cooperative clinical group composed of the chiefs of the syphilis clinics of the University of Pennsylvania, the Mayo Clinic, the University of Michigan, Western Reserve University and Johns Hopkins University, together with representatives of the United States Public Health Service. So much for the background of this volume on the treatment of syphilis.

The work is divided into thirty-two chapters, followed by a complete index of the subject matter contained within the book and this in turn followed by an author-index of the men who have been cited in the text. The first chapter has to do with the biology of syphilitic infection in relation to treatment, followed by one on the prognosis of syphilis, with a subsequent chapter devoted to a general discussion of the problem of treatment of the individual patient. This is followed by three chapters on the chemotherapy of syphilis, dealing more particularly with the arsphenamines and the reactions produced

by them. The next three chapters have to do with the use of bismuth, mercury and the iodides, respectively, and then follows, in Chapter XI, a discussion concerning the technic of treatment. Prophylaxis of syphilis is next dwelt upon and then three chapters are devoted to the treatment of early syphilis. Most of the remaining chapters deal with the treatment of late syphilis. Particularly worth while for the general medical practitioner are these sections devoted to the treatment of the late effects of syphilis in which there is a rather special accentuation on the handling of the patient with neurosyphilis. The last few chapters have to do with such subjects as the arsphenamine-resistant and Wassermann-fast individual; treatment of congenital syphilis; the therapeutic test; the treatment of late syphilis complicated by other conditions; interpretation of the Wassermann reaction, and, lastly, a six-page discussion of syphilis and marriage. The detailing of the scope of this book is done for the purpose of showing how completely every phase of the management of syphilis is covered, ranging from the biologic implications of syphilitic infection to the treatment of definite specific cases.

It hardly seems necessary to point out that the book would be of value to any one who is interested in medicine and particularly valuable to the physician who is treating patients with active syphilis from time to time. The syphilographer with a large clientele, either in office or clinic, has developed his own technic of treatment and probably does not need the book as much as the occasional treater of syphilis. Be that as it may, the former may derive much information from the volume concerning the unusual reactions and the unaccountable complications that occur in the treatment of this disease. Thrombocytopenia, for example, granulopenia or aplastic anemia are complications of arsphenamine therapy which are seen only in rare instances, so rare, in fact, that they are extremely unusual. Even the man with a large group of syphilitic patients may not see these cases or may have missed them. He cannot secure much information without consulting periodic literature. In this book he will find discussed the various blood dyscrasias in detail. For the occasional handler of syphilis, definite, positive, dogmatic, tabulated outlines of treatment are given. If the physician follows these outlines of treatment, certainly it cannot be doubted that the syphilitic population of this country would be materially reduced in number and incompletely treated patients with syphilis would be a rarity. It might be said that exception to this dogmatism should be taken, but excellent syphilotherapy may be indubitably carried out this way in most cases after the exact state of the patient has been carefully determined.

The reviewer was particularly pleased with the chapter on the

treatment of cardiovascular syphilis and those chapters devoted to the treatment of neurosyphilis. Both of these two late manifestations of syphilis are treated with detailed attention to the complicating factors, so much so that in the former chapter there are some excellent diagnostic data which will be of value to the internist, who usually makes the diagnosis of the heart or vascular lesion. The treatment of cardiovascular syphilis, as detailed, stresses the importance of treating the patient so as not to harm him. This feature of the proper management of cardiovascular syphilis cannot be too strongly accentuated. It might not be amiss to generalize and to state that probably more cardiovascular individuals have been harmed by treatment than benefited. Certainly such a statement would apply to attempts to make negative the Wassermann reaction of a patient with syphilitic heart disease or with aneurysm, fully developed. Moore recommends bismuth for many weeks before using neoarsphenamine and never uses arsphenamine. The former drug should be used only in small doses and never pushed. He emphasizes forcibly importance of general medical care.

In the treatment of neurosyphilis the advice that is given is sane, sensible and complete. Quite a few pages are devoted to the malarial treatment of neurosyphilis and other methods to provoke pyrexia. The reviewer somehow gets the impression that in the treatment of neurosyphilis the author is on not quite as firm ground as he is in other sections of this book.

The format of the book and the style of the author leave nothing to be desired. The praise, in this review, of the book being assayed may be too fulsome, but the reviewer believes that it represents a type of publication that is the most valuable in medical literature, a monograph presenting the experience gained by studies intensively and scientifically made on a group of patients suffering from some particular disorder.

JOHN H. MUSSER, M.D.

Taboos are Passing.—"Twelve years ago comparatively few physicians were willing to treat either syphilis or gonorrhea. Today not less than 40 per cent of all registered physicians accept such cases. . . . There has been an almost universal overcoming of the inhibitions which caused the shrinking attitude and general embarrassment among respectable men and women 15 or 20 years ago whenever sex was discussed. Not only have these barriers been removed but there has been created a positive constructive attitude toward sex especially among the more intelligent groups which has given dignity to social hygiene education."

ALBERT PFEIFFER, M.D.

Director, Division of Social Hygiene, New York State Department of Health.

ANNOUNCEMENTS

Our New Address.—Before this number of the JOURNAL is in your hands the Association's offices will be established at 50 West Fiftieth Street, to which address all mail should be sent. Members and friends are cordially invited to inspect the new headquarters, which are on the ninth floor, southeast corner.

This Month.—*Popular Health Education in Simplest Terms* is an interesting story of an important and novel educational demonstration among the Negroes of New Orleans. *The Minister and Marriage*, by John Howland Lathrop, gives a birds-eye view of the problems and opportunity presented to the pastor of a large metropolitan church. . . . Dr. Robinson and Dr. Rothschild contribute some pertinent facts concerning *Community Control of Disease in Times of Depression*, and another angle of the same problem is discussed in the Forum and elsewhere. . . . *Reprints of any of these articles 10 cents each. Free to members.*

Next Month.—The May JOURNAL, intended to be of special value to parents, teachers, clubwomen and other groups especially interested in community and family health and education, is rapidly shaping up into what looks like a splendid number. Some of the contents: *Youth and Social Hygiene*, by Roy E. Dickerson, author of *So Youth May Know*, and *Growing Into Manhood*; . . . *Sex Instruction in Public Schools*, by Willard W. Beatty, Superintendent of Schools of Bronxville, New York, and an able exponent of practical success in this field. . . . *Community Protective Measures*, by Bascom Johnson of our own staff . . . an article by Paul Popenoe, on the health and social welfare of high school boys and girls. . . . *Suggestions for Organizing a Community Social Hygiene Program* . . . these are a few of the useful items we plan to include. *Note: please place orders for additional copies of this number by April 15th, that we may be sure to have plenty printed. Price, 35 cents per copy.*

The June Journal.—It is planned to make the June number of the JOURNAL, as last year, especially devoted to library interests. Reviews of recent social hygiene literature will be featured, and a special article by Mrs. Pearl A. Winchester will discuss the growing interest among libraries in social hygiene literature as well as ways and means which have been found for cooperation between them and social hygiene agencies. An example: a recent announcement that the Association could make available three social hygiene books, for transportation charges only, brought in over 250 requests in less than three weeks, and many reports as to how these books were put to immediate use. *The Social Hygiene Bookshelf*, tentatively recommended last June, was so warmly welcomed that a revision will be printed again. Do you know about our package libraries? The June JOURNAL will tell their story. *Extra copies, 35 cents as usual.*

Watch the News.—So many people tell and write us "I saw it in the NEWS" that we are moved to remind JOURNAL subscribers not to omit this little bulletin from their literary bill of fare. The April number will contain the program of social hygiene meetings arranged for the National Conference of Social Work at Kansas City, May 20 to 26th. And of course, a full schedule of staff field trips and advance notice of *Damaged Lives* showings. Latest figures on the motion picture: 350 theatres in 22 states, with a total audience of over 600,000 people.

A Loan Paper Service.—We receive a good many requests for copies of radio talks and addresses given by the staff—so many that we herewith announce that copies may be secured for ten cents each, to cover cost of handling. Some of the titles: *The Guidance of Adolescence*, by Valeria H. Parker. . . . *Protecting the Values of Family Life*, by William F. Snow. . . . *The Dilemma of Youth*, by Newell W. Edson. Ask for circular.

Membership in the Association, with its privileges of receipt of the JOURNAL, the News, pamphlets and other publications, would be a welcome gift to your friends and acquaintances. Annual dues \$2.00.

Journal of Social Hygiene

Parents' Number

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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

50 WEST FIFTIETH STREET, NEW YORK CITY

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The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

The JOURNAL OF SOCIAL HYGIENE is supplied to active members of The American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each.

Price \$3.00 per year; 35 cents per copy.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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Title Registered, U. S. Patent Office.

Member, Union Internationale Contre Le Péri Vénérien
4 rue de Sèvres, Paris, France

Journal of Social Hygiene

VOL. XX

MAY, 1934

NO. 5

YOUTH BLAZES A NEW TRAIL

ROY E. DICKERSON

President, Kansas City Social Hygiene Society

Broadly conceived, the program of a social hygiene society is one of peculiar significance to young people. It deals with many matters bearing upon preparation for, and adjustment in, marriage. It is concerned with fundamental factors in parenthood. It has to do with public measures safeguarding in important ways the well-being of the home. Again and again it touches upon issues of great concern to youth. Consider such questions as those involved in a young woman's attitude toward her own sexual endowment or a young man's insight into the relationship between premarital sexual relationships and the development of a normal capacity for love. Consider the basic facts regarding syphilis, reproduction, courtship, sublimation, spacing of children, the mental hygiene of sex or any other aspect of the modern conception of social hygiene. To whom are such matters of greater significance than to young people? Just because of their years they are living in the areas of life where all that is involved in getting ready for and making a success of the home partnership is much in their thinking and tremendously important to them and society.

Surely when youth has as much at stake as they have in the realm of social hygiene it would seem that they should somehow have an active part in the program of any com-

munity organization assuming the responsibilities of a social hygiene society. Yet, when we came to study the personnel and structure of the Kansas City Social Hygiene Society we found on the one hand that young people were conspicuously missing in its membership and on the other hand, that there was no definite place in the organization for them. Perhaps it was this failure to make such a place which was chiefly responsible for their absence. I doubt if our situation was unique in American cities.

Something of the statistical importance of the situation can be gathered from the figures of the last census. At that time, out of a total population of 400,000 in this city, the age group fifteen to twenty-four numbered about 70,000. If for our purposes persons up to and including twenty-nine years of age were to be taken into consideration the total involved was 108,000. This was a fourth of the total population, or a third of all residents over fifteen years of age.

Considering the large numbers involved, their age, and the importance to them of the social hygiene program it seemed obviously desirable to give young people themselves an opportunity to participate actively in the work of the society and to assume some responsibility for plans and leadership.

Accordingly, as the first step, we established within the society a Youth Section as one of several new functioning groups. Heretofore we had followed the traditional type of organization. This meant that interested individuals belonged to one general membership body in the society. Some of them served on its various committees. The new plan set up various sections, each under its own chairman, to function as groups specially interested in some phase of our program. These sections carry on their own meetings, develop committees for such purposes as they desire and once a year have charge of one of the monthly meetings of the membership as a whole. It is believed that these sections provide a larger opportunity for members to engage in that part of our program in which they are especially interested, for many different reasons, among which age and leadership relationships are often determining factors.

The purpose and nature of the Youth Section was described by its members, as follows:

"To provide a means by which thoughtful young people, individually or in groups, may advance their own education and that of other young people with respect to matters felt to be important from the social hygiene viewpoint in the relationships between the sexes."

"The Kansas City Social Hygiene Society is a division of the Health Conservation Association of Kansas City maintained chiefly by popular subscription through the Charities Fund. The Youth Section is composed of young social, intellectual and religious leaders in Kansas City who are desirous of sharing in constructive efforts along the lines indicated in the statement of purpose. Participation in the Youth Section is not on the basis of official representation of some group of young people. The Section is committed to the principle that its function is to furnish materials and leadership only at the request of individuals and groups wishing to make use of it. In other words, it does not seek to thrust its services upon anyone."

In organizing the Section invitations were extended to a few carefully selected young people. The following language indicates both the suggested purpose of the Section and the approach made to youth in organizing it:

"Dear ————:

At the suggestion of ———— I am inviting you to join with a small group of selected young people to consider the organization of a Youth Section in this Society.

It is my conviction that thoughtful young people have definite ideas of their own about the things they would like to see done among those of their own age by way of preparation in the broadest and finest sense for founding a home.

This meeting is designed to give an opportunity to counsel with a few representative leaders of the younger generation regarding the kind of a program, if any, they would be interested in developing on their own initiative.

We will meet promptly at ——— at ———.

Please join us and phone Harrison 2253 saying that you will be present."

The first meeting resulted in the preparation of a tentative statement of purpose and the decision to invite into membership a number of young men and women known to be leaders of church and other groups of their own age. The list included the presidents of many church societies such as the Christian Endeavor, Luther League, Baptist Young People's Society, Epworth League, Our Brother's Keepers, Youth Forum and Unity Young People. It included, also, the officers

of the city union, or other body, representing a city wide grouping of any of the above societies, and many other individuals who were not officers or members of any group.

All organizational efforts were made without giving the matter newspaper publicity, simply because we thought it best for carefully selected young people to set up the organization and become the nucleus for further growth. Since that time newspaper publicity has been used freely.

Thus far 96 young people have been enrolled as members. Attendance records show that eighty-one (45 men and 36 women) ranging in age from 20 to 35 years have been active in attendance at the Youth Section meetings. Much of the significance of the Section is found in the positions of influence and leadership occupied by many of those who have shared in its activities. The roll includes public school teachers—grade, high school, Junior College and Teacher's College, social settlement workers, Young Men's Christian Association and Young Women's Christian Association leaders, the director of recreation for the nurses of three hospitals, the president of the young peoples' society of one of our Mormon churches (The Reorganized Society of Latter Day Saints), and representatives of numerous other groups of young people particularly the various church societies.

Shortly after its organization the Section undertook by mail and personal contacts to secure a statement from young people of questions of special interest to them. This was done for the sake of drawing out expressions from the members as a guide in part to planning the meeting programs. The response was prompt and varied. Typical questions raised were: "Is there any basis, other than economic, for monogamy?", "Should birth control be practiced?", "Should a person with a social disease be permitted to marry?", "Should sterilization be practiced among the socially unfit?", "In our social structure is prostitution necessary?", "Is continence harmful?", "How long should I be engaged?", "Is free love a good thing before and after marriage?", "What is the best marrying age?", "Does the single standard impose too great a burden upon some individuals? (for instance underpaid clerks who cannot get married and shop girls who cannot find husbands?)", "How much familiarity may

exist between two friends of opposite sexes without proving mentally dangerous?", "To what extent, if at all, can so-called petting or necking be indulged in without introducing a problem that might cause complications after marriage?"

These questions and other material were turned over to a committee which arranged a series of subjects under eight major topics, for study and discussion by the group. The scheme of organization of the Section included the idea that the members would serve on committees of their own choosing, which would be somewhat in the nature of small study groups and out of which might come ideas and leadership for sectional programs and activities. On this theory there were at once volunteers for committees dealing with four of the eight topics.

Since we have now reviewed the salient facts in the organization, and early developments in program building, the chief remaining matters of interest are the subsequent activities and some indication of difficulties encountered.

The committees met irregularly on their own initiative. Its members drew freely upon our library for source material and upon our executive secretary for information and counsel. The Section proceeded to hold meetings once or twice a month. The program soon came to be planned for panel presentation. Sometimes the members of a committee arranged the panel, dividing their topic into three or four subdivisions for presentation by one of their number. At other times the chairman of the Section and the executive secretary made up a panel selected from the Section at large. A panel speaker was allotted five to ten minutes time. Three or four presentations were made and the balance of the time used for discussion. The president of the society was asked to sit in as a resource person and eventually was requested to make a short summary of the discussion, together with any observations he wished to contribute.

During the fall and winter of 1933-34 the meetings were planned under the general theme of *Youth's Search for Security*. Among the subjects announced were *Determining Factors in Choosing a Life Partner* (presented by a panel consisting of a single man, a single woman and a married man), *Lasting Values in Personality*, *The Educational Background and the*

Part it Plays, Nine Points in Love's Identification, What is the Basis for Marriage, Love or Logic?, Voluntary Parenthood, Leisure Time Activities of Men and Women, Growing into Love, and Why Marry Him?

When the Section took charge of the monthly meeting of the Society it used the theme, *The Responsibility of the Home in a Day of Postponed Marriages*. The subject was discussed briefly by a young, single woman and more at length by a father and two mothers, representing homes of both large and limited financial resources.

In addition to these programs the Section has taken advantage twice of the presence in the city of members of the staff of the American Social Hygiene Association, Mrs. Margaret Wells Wood and Newell W. Edson, each of whom spent an evening in discussion with the group.

The latest activity undertaken by the Section was the sponsoring of a series of lecture discussions for young people given by the president of the society. Members of the Section assumed responsibility for general promotion and securing registrations at one dollar for the course which was given on five consecutive Thursday evenings. The subjects dealt with were: *Getting Ready to Fall in Love; Things That Count in Courtship; When A Couple Are Engaged; Getting Started in Marriage; The Mechanism of Heredity*.

Fifty-three young people registered for and took this course. The group seemed unusually significant because it included eleven Sunday School teachers, eight officers and nine active workers in young people's societies, seven parents, and twenty-three who had younger brothers and sisters. The median age of the group was twenty-five years; four were over thirty, and five under twenty-one.

Needless to say, some vexing difficulties have been encountered. There is a great dearth of material to which young people can be referred in studying most of the questions they raise. The enthusiasm of many young people who are eager to do serious reading has been greatly dampened by our inability to supply, or refer them to concise material in a vocabulary that is neither technical nor over-scholastic. Legal restrictions upon the dissemination of birth control information place upon the discussions a baffling limitation

which often is interpreted by youth as insincerity on the part of an adult resource person, or a cowardly policy of the Society.

The adult leadership available is much too inadequate to the need. A volunteer leader simply cannot give enough time, and the executive demands upon the secretary of the Society make it impossible to give as much attention to this Section as is desirable. In addition to these more or less universal difficulties, we have encountered an absorbing preoccupation of many of the finest and most aggressive types of our members in the National Youth Movement which, as I write, has just closed a campaign of many months' vigorous effort against machine rule in local government.

In spite of these difficulties, I have no hesitancy however in saying that in the activities of the Youth Section our young people have well blazed new trails in social hygiene work which we hope others may travel with profit and pleasure.

Basic Sources of Sex Education.—Why problems of sex should be presented in connection with the discussion of social science may puzzle some accustomed to think of sex education as medical and biological or, perhaps, literary and aesthetic. Without disparaging in any way the value of facts from physiology or of appreciation created by participating in the arts, it still may be maintained that the basic sources for sex education are found in psychology and sociology. Young people want to be able to make friends easily and to build these personal relationships in a manner conducive to stability, enrichment, and growth. They want to understand their own feelings, to know when they are really in love, and what they are to do about it. They want to understand the conventions of their group so they will not appear gawky. They are eager to build a love life which is unsurpassed in beauty but they need to learn how this is done. They, naturally enough, would avoid the loneliness of celibacy and the more unhappy lot of persons whose marriage has meant disillusionment, distress and chronic antagonism. They look forward, in many cases, to children sound not only in body but in emotional attitudes, in character, and personality.

These ends cannot be left to chance attainment. It may be seriously questioned whether any other aspect of life causes more human misery in the United States today than do the maladjustments, repressions, frustrations, misunderstandings, physical disorders, and mental unbalance, growing directly out of failure to achieve the highest values in love, sex, and family life.

from *Character Education, Tenth Yearbook, Department of Superintendence, National Education Association, 1932*

SEX INSTRUCTION IN PUBLIC SCHOOLS—I *

WILLARD W. BEATTY

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In proposing that the public schools undertake a program of sex education one must consider three factors: first, the need for such instruction; second, the other possible agencies which might undertake the work; third, the means and methods to be employed.

The general ignorance among adults with regard to many basic facts concerning the reproductive process, and the fact that every study of adult recollection of early sex experience shows that many children encounter their first conscious recognition of sex factors between the ages of six and eight, and in a majority of instances long before their parents are aware of the possible exposure, indicate the need for sex education. Until very recently all of the existing data related to persons whose childhood ante-dated the motion picture and the current broadened tolerance of sex themes in newspapers, magazines and books. The findings of the Payne Fund study on the effect of motion pictures on American children which has been but recently released, serve only to strengthen the evidence, and indicate that the newer agencies are spreading misinformation and false standards of morality with a rapidity which no counteracting forces have yet attempted to equal.

The last generation may have been able to raise its children in some degree of isolation from the problems and temptations of the sophisticated world. The present generation finds that world breaking in upon it at every turn. It has ceased to be a question of whether our children are to be informed with regard to sex; it is now a question merely of whether the truth regarding sex and its social implications shall be allowed to compete with the false concepts being

* An address given before the New York Regional Social Hygiene Conference, January 24, 1934, also published in the *Journal of Education*, March, 1934.

commercially exploited, and whether it shall begin its competition early enough to establish an initial impression of naturalness, cleanness, and the desirability of self-restraint and moderation.

If there is to be competition with the exploiters, who is to manage it? Three agencies must be considered: the home, the church and the school.

Twenty years ago, when, as school principal and scout master, I first undertook to inform and guide the young people under my care, I believed that I was serving only in an emergency. It seemed to me that ideally, parents should undertake the responsibility of sex education. Experience has convinced me, however, that today's parents possess neither the factual knowledge, nor, because of unfortunate and inadequate early background, the emotional attitudes toward sex which enable them to offer their children adequate guidance. We may hope that the present attention which the subject is receiving may increase the number of parents who can and will aid their children to gain toward sex a wise attitude, based on truth and idealism. Nevertheless, we must deal with today's children today.

Because the sacrament of marriage is so bound up with religious sanctions, one might expect the church to offer guidance. Two facts seem to indicate that the church is not likely to do so. First, most churches make contact with children but an hour a week and must compress into this time the necessary religious instruction of their denomination. Second, only a small majority of our children are regularly attending church schools. To affect all or nearly all the children of all the people, we must turn to the only agency which reaches them—the public schools.

This agency, too, is still inadequate. The teaching staff of our schools at present is as ignorant about sex as were its parents and it possesses quite as many emotional conflicts on the subject. In fact, a majority of teachers suffer from the additional handicap of being unmarried, with whatever disappointments and emotional strain that unnatural condition may have created. If the public schools are to undertake this new obligation, it will mean the training of a new group

of teachers who we hope will be free from the distorting background from which many now suffer. However, this is a problem which can and will be solved if we can agree upon the need and the procedures which are to be followed.

In the remainder of this paper, I shall summarize briefly my own experience in giving instruction to children, and in guiding other teachers in the work of sex education.

To reverse the usual order in such articles, I shall give my conclusions first:

1. Instruction concerning sex should be a normal part of courses designed to have a much broader educational purpose. Life Science or Biology form an excellent medium.

2. Emotional strain should be avoided by so arranging the course as to provide a reasonable period during which pupils and teachers may become acquainted, and a scientific terminology of sex built up through a study of the functions of the lower animals and plants before human reproduction is touched upon.

3. While a clear-cut and thorough factual knowledge is a necessary preliminary to ethical interpretations, the social implications of sex should be presented with sincerity and conviction, if personal conduct is to be influenced.

4. Fear is not nearly so effective a deterrent as positive idealism; therefore loyalties, family ideals, self-respect, self-restraint, and moderation should be taught rather than the danger or horrors of venereal infection.

5. Children tend to absorb only that information which serves immediate needs or answers immediate questions. Some provision for continuously meeting the child's sex problems is manifestly ideal. If this is not feasible, as many problems as possible should be met prior to adolescence, so that the information may be as impersonal as possible. When the instruction is delayed until the child's adolescent development is under way or near completion, the whole problem of sex has become highly charged with personal, emotional reactions and the teacher's job becomes more difficult. If possible, further opportunities should be provided later on for the solution of the adolescent problems.

6. While single lectures to high school students are possibly preferable to ignoring the subject completely, they are dangerously charged emotionally, because they offer little or no opportunity for clarifying questions after the import of the information has been digested.

7. Parents of children in such classes should be informed in advance of the purpose of the course and should be given some knowledge of methods and procedure. The children should be urged to discuss the work of the course at home.

8. The instructor in this work should be a regular staff member, in touch with normal aspects of the school, and in a position thru other contacts with the children and with other staff members to evaluate the progressive results of the instruction.

9. The instructor should at all times be strictly honest in all statements, ready to encourage and to answer frankly all legitimate questions, and careful to distinguish fact from belief or interpretation.

10. The personality of the instructor, how he imparts instruction, and the degree of confidence which the children repose in him, are more important than what he says, in formulating the ideals of his students. Therefore in selecting a teacher for classes of this type, one should recognize that while scientific training is important, it is secondary to character.

These conclusions have been reached from years of personal experience in sex education. This experience began in 1917, when as a scout master and school principal, I encountered a group of boys under my care who had gained a vast amount of vicious and untrue sex information and who were therefore a source of pollution to the rest of the school. The tradition of the institution and the background of my superior officer made it impossible for me to undertake any constructive education of these young people under school auspices. The immediate difficulty was patched up, but the fundamental issue which grew out of the total ignorance of these youngsters in matters of sex, remained.

I discussed the problem with the fathers of a number of the boys who were also members of my scout troop, and secured their permission to undertake a series of conversations with these boys around the campfire with a view to giving them an intelligent and clean point of view in matters of sex. During three years with these boys, I took advantage of our over-night hikes and summer camping expeditions to talk with them intimately about themselves and their attitudes toward sex. The effectiveness of these brief and simple conversations has been evidenced at intervals for the past fifteen years when I have made casual contacts with these young men and have received their expression of affectionate appreciation of the way in which I was able to guide their thinking.

I next spent two years in a small, private school where I found parents quite willing to have the problems involved

in an understanding of sex relations discussed with their children in a scientific fashion calculated to build self-respect and self-restraint. For two years, in mixed classes of boys and girls, I developed a course of simple biological information leading up to a discussion of human reproduction and its social implications. The youngest group was made up of children about eight or nine years of age, the oldest of about twelve or thirteen. The parents cooperated closely, following up the class discussions at home, and at the conclusion of the work expressed themselves convinced that the instruction had been wisely given and that our experience with mixed groups had been wholly constructive and desirable.

In 1922 I went to Winnetka, Illinois, to join Carleton Washburne, who had been a co-worker of mine in San Francisco. The preceding year, Mr. Washburne had introduced certain lectures on sex in the junior high school to meet particular problems which had arisen in his school. I was glad to continue the work during my first year, through the introduction of course in elementary biology which devoted the closing weeks to a discussion of the reproductive function in human beings and to its social interpretation. Here it seemed wise to segregate classes by sex, but I taught both the boys and the girls. Again, we made a point of informing the parents concerning the nature of the intended course and invited their cooperation. The children were asked to discuss the class work at home and to feel free to bring questions either to their own parents or to the instructor.

The course as developed began with a discussion of the earliest living forms on the earth. First the plant kingdom was explored, and then the animal kingdom, ranging from the simple to the more complex. In each case, the general nature of the living organism was studied and its many functions, including the reproductive. This procedure made it possible to develop a familiarity with the scientific terminology of the sex organs and their functions. Therefore, by the time the discussion of human physiology was reached, the children were equipped to talk and to think about their bodies without embarrassment, using a vocabulary with which they were thoroughly familiar.

We usually found it advisable to begin our study of human

beings with a consideration of the process of pregnancy and child birth as it affects the mother. When this was complete, the discussion of the male organs and the process of copulation became relatively simple. Great care was taken in presenting the facts to stress the normality of the intimacies growing out of the relationship of love and affection existing between the father and the mother, and to point out that intimacies which might naturally grow out of love and affection become cheap and tawdry when entered into on the basis of casual promiscuity.

In Winnetka, several other staff members, both men and women, assisted in handling this course, but we maintained the arrangement of both men and women teaching both the boys and the girls by having the teachers exchange classes at midsemester. This arrangement proved very satisfactory. The success of the work is attested by returns from a questionnaire which Mr. Washburne recently sent out to a number of our former students who are now college graduates. Several of them have already established homes of their own. Several of the statements volunteered by these students follow:

"Because of the immaturity of the average seventh grader, little more than an outline can be given. More detailed biology should be given at high school. As an answer to adolescent curiosity and the desire to know why, the Skokie course was most admirable."

"I still contend that the instruction the average student receives from the gutter is the most prevalent and possibly the most effective. Your biology course enables Skokie people to reduce such from crude vulgarity to science. And that is an achievement."

"I believe sex education should be linked with the study of personality. That cannot be put over to boys and girls of Skokie age, so what is being done is the best thing. The only trouble with your course arises from the fact that most parents do not do their part."

"I think I have been grateful for the biology course I had at Skokie more times than for any other one course. There are few parents who can present this subject to their children in as clear, concrete, objective, and natural a way as it was done at Skokie. Children are bound to discuss sex with their friends; teaching them the facts in this straightforward manner eliminates a great deal of smuttiness and untruth that will necessarily be a part of their ignorance. I have always felt very sorry for the many girls who come to college knowing little about sexual relationships; they do learn here before very long, but I often think how much easier it

would have been for them if they had been taught it in school as a routine course instead of just having 'to corner' some good friend to find out."

In 1926 when I came to Bronxville, New York, for the first time I had complete supervision of a school system which was continuous from kindergarten through the senior high school. In view of my previous experiences, I could not conceive of success in building the type of morale and social idealism which I believe important in a school, without freedom to develop a complete and honest understanding of sex in the thinking of our young people. I discussed my feeling with members of the Board of Education and accepted the superintendency in Bronxville with the understanding that I was to have complete freedom in working out a course similar to that which we had developed in Winnetka.

Once again the work was started in the seventh grade, not because we were at all convinced that there was exactly where it belonged, but because it fitted so administratively. I thoroughly believed, on the basis of prior experience, that such instruction should occur before adolescence. There was much evidence in my previous experience to indicate that sex has a tremendously strong emotional reaction upon adolescent youngsters, but can be considered quite impersonally by pre-adolescents. On the other hand, it had seemed most important that the teachers who handled this work be ones with whom the children were generally familiar and not people who came to the school at intervals purely to teach this one course. Such an arrangement was administratively impossible in the elementary school.

Anyone who has studied the question of children's contact with ideas and facts as they relate to sex knows that these experiences occur at a considerably earlier age than the eleven or twelve years of the 7th grade youngster. After all, our school curriculum has been artificially de-sexed. In Bronxville, therefore, we set ourselves the problem of restoring sex to its normal place in the intellectual work of the school. In the elementary school, we built an animal cage and provided indoor shelters within the building in which we began to raise rabbits, guinea pigs, pigeons, and chickens. At different times in the last few years, we have had white

rats, white mice, raccoons, canary birds, silk worms, insects of all kinds, tropical fish, and frogs, living and reproducing in the various school rooms. From the nursery school throughout the grades and high school, the functions of sex are discussed frankly, cleanly, and without embarrassment whenever the need to do so arises. In fact, the children now recognize clearly that this is the established policy of the school. Knowing that a thorough discussion of human reproduction will occur in the seventh grade, a great many youngsters who might otherwise be tempted secretly to pry into the question, quite willingly postpone the satisfaction of their curiosity until they reach the class in Advanced Life Science in the junior high school.

Meeting children in typical seventh grade groups means that of necessity the class is heterogeneous, both as to physical and mental age. It might be assumed that it would lead to a great increase in out-of-class discussion of sex. Such has not been the case, because each one in the group comes to recognize that all have heard the same discussion and that the teacher is the only one who knows more than the class members, and can be appealed to freely at the next class meeting. We also emphasize that identically the same material is being taught to both boys and girls, which is soon verified, and the knowledge tends to inhibit what would otherwise be a temptation to "check up" on what was said in the different classes.

Our experience has taught us that it is difficult if not impossible to teach children facts about sex in which they are not at the moment particularly interested. This fact has made us feel that some of the disadvantages believed to be inherent in group teaching are not worth serious consideration. Each youngster takes out of the course that which will satisfy his own needs at the time. Accordingly, there should be some effort made to check up on such needs as they arise and change from year to year.

Recently, I have been developing a new course for high school seniors where, again in segregated classes, are reviewed on a much more mature level many pertinent factors of their sex lives and where many additional problems that have to

do with intelligent preparation for marriage are introduced. Under this heading we discuss economic problems that have a bearing on marital happiness as well as a large number of psychological questions which enter into the matter of personality adjustment. Although this course is still new, students who have completed it are uniformly of the opinion that it has aided materially in resolving many of their own internal conflicts.

One significant reaction which has come from many of our former students testifies strongly as to the value of the group method of dealing with this problem. Many of the Winnetka children went on into the township senior high school at the conclusion of their course at Skokie junior high school. There they constituted about a quarter of the total student body. They found that their ideals and beliefs formulated in the Skokie biology class helped them to resist later temptations, because they realized that they were not alone in their more idealistic point of view, but had the backing of hundreds of other boys and girls whom they knew believed much as they did and had the courage to act on those beliefs.

It is not to be hoped that courses such as these suggested or any similar courses can be one hundred per cent effective in building up the type of sex ethics which we desire to impart. The public schools and the churches have been endeavoring for a very long time to build up generally accepted concepts of honesty, and brotherhood, but have failed of complete success. However, the evidence at hand indicates that for the great majority of children such sex courses are definitely beneficial. It has been my experience that the five or six teachers who have collaborated with me in such instruction during the last eighteen years have been successful in achieving the ends desired in proportion as they are scientifically well informed, emotionally well adjusted, intellectually honest, personally idealistic, and typically masculine or feminine as the case may be. Such teachers had to be willing to give unstintingly of their time, both in school and out, making many and varied contacts with both the children and other members of the faculty. I am therefore inclined to believe that it is such qualities which must be

sought in the teacher if work of this kind is to be successfully undertaken or profitably continued.

One other element in the program of the schools discussed must be mentioned, although it has no direct connection with sex instruction. In every case we built up an active program of intra-mural athletics for boys and girls, open on a voluntary basis to every pupil in school. Sixty to eighty per cent of the students participated, being active after school for several hours two or three days each week. These activities furnish interesting subjects for conversation, as well as sending pupils home physically tired enough to be ready for an early bedtime. I believe that this is an important part of the picture.

SEX INSTRUCTION IN PUBLIC SCHOOLS—II *

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American Association for Adult Education

Education used to be the normal outcome of living with other people in relation to the daily happenings and the daily tasks. The outcome appeared in the form of acquired skills, knowledge, attitudes, appreciation, values. Education has come in modern times to be a specialized procedure carried on mostly in the schools, by people who are mostly divorced from life. Because education is today the specialized activity of teachers, we have come to ask for education with respect to "sex" and with respect to "character" as if these ends could be achieved by a series of separate lessons—say six or a dozen on being honest, another set on being kind, or patient, or considerate. But that is not the way the virtues are acquired, and character is more than a sum of good habits or traits.

As to sex education, we have already been at this long enough to know that information about reproduction and warnings about venereal disease and unwanted babies do not establish either the conduct or the attitudes we intend. At the best, such methods have resulted merely in perpetuating the fears and inhibitions of the past, with the difference only that, instead of teaching that sex is wicked because it was invented by the devil, we have taught that sex is dangerous because it may get people into trouble. For the most part, the teach-

* Abstract of a paper presented at the New York Regional Conference on Social Hygiene, January 24, 1934.

ing has been in the hands of those who still carry the ancient fears and anxieties. So many of the adults with whom the young people come in contact are dominated by an ideology that, on the one hand, objects to the teaching of modern science in the schools because such teaching makes man out to be "only an animal," and that, on the other hand, itself assumes that man can be restrained from beastly conduct only by the fear of damnation. This has been again brought to our attention by the recent hearings in Washington on the bill to permit physicians to impart contraceptive information in accordance with the needs and wishes of their clients. One person presuming to speak on behalf of the spiritual powers of the world denounces the proposed legislation because it would "make of marriage legalized prostitution." That is to say, a knowledge of contraception would, in this interpretation, result in sex practices not designed to result in procreation; underlying this there are, of course, assumptions as to both human nature and human practices that are open to serious question. Another sees the danger of unrestricted sexual promiscuity; and a third fears that the race might die out.

The education with respect to sex and with respect to character that are possible in school consists of the cultivation of attitudes in the daily common activities and in surroundings that manifest and call for acceptable attitudes toward others—superiors, equals, inferiors, toward the strong and toward the weak, toward the same sex and toward the opposite sex, toward the self and his own impulses and desires, toward the family, toward the race.

It is only through the daily living together in a variety of activities, in a variety of common concerns, in a variety of relationships, that children can get their bearings, increase their skills and cultivate values that have significance in their lives now and later. The education needed is not built up in terms of kindness and honesty, of fortitude and self-control, but it comes out of work and play, out of adjusting oneself to others and to the task in hand, out of giving and taking. For such education the adults in charge must themselves be something more than specialists in grammar and mathematics, in physiology or good manners. They must be men and women whose work happens to keep them a considerable part of each day with younger people, but who are living men and women sharing the community's thinking and worrying as well as daily tasks and the cash income, who are able to deal with the problems that the young people bring to them as problems of life and not as academic principles which they learned along with their foreign language and geography. At the same time such teachers find in the materials through which they "teach" ample opportunity to stimulate, to inspire, to inform, to interpret.

It is feasible to bring into our schools better and better education in this field just so far as it is feasible to bring into the schools teachers who have insight and sympathy and character and an acquaintance with reality.

SEX INSTRUCTION IN PUBLIC SCHOOLS—III *

HERBERT W. SMITH

Principal, Fieldston School

I believe that the school, not the family, must assume responsibility for a program of health education. Family instruction is likely to be both uninformed and unwise, and is certain to be both emotionally charged and helpless in withstanding community standards.

A formal hygiene course is not effectual because it involves formal memorizing and because it does not "count." Nor would the situation be improved by arbitrary prescription even if the prescribed course would count. A special course in sex instruction is, without exception, bad. It creates at the outset too high a degree of emotional tension, and it is always looked upon with suspicion by the student as describing the state of affairs that the older generation wishes to establish rather than life as it exists.

The solution seems to be a program of instruction covering every department in the school work, coordinated by periodic meetings of a committee drawn from all departments. This committee arranges that sex-character training should be given in the usual departments of instruction—physical education, English, art, biology, and so on.

The spiritual and moral values which cannot be given in a special course, directly, can be effectively given by indirection. Such a program can go far to secure excellent sex-character adaptation provided the attitude of the teachers themselves is scientific and provided they are not, themselves, emotionally involved. In other words, systematically selected, arranged, and coordinated treatment of the usual subjects of the curriculum itself now constitutes the plan of sex-character education found best in at least one small private school. On the question of such instruction in the great public high schools, I cannot presume to speak.

"Today, more than ever before, it is important to keep on a footing of friendship with our children, so that they will tell us what is on their minds. This is not always easy, and what you are to say in reply is even less easy. But it is worth while to preserve the feeling of freedom even at the cost sometimes of swallowing some of our own prejudices.

"This new and changing world today is hard for adolescents. It is not one in which the scene of security is easily given to the younger generation, but if they have real confidence that their problems are being heard with an open mind, it will help them more than anything else."

MRS. FRANKLIN D. ROOSEVELT

* Abstract of a paper presented at the New York Regional Conference on Social Hygiene, January 24, 1934.

SOCIAL LIFE FOR HIGH SCHOOL GIRLS AND BOYS

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While the basic drives of sex are biological, the way in which they are satisfied is determined by man's social inheritance and is a part of his culture.

This is the fundamental fact for the present purpose.

This fact has sometimes been cited to justify the contention that there is a necessary antagonism between man's biological equipment and his civilization. From a supposed antagonism critics have either drawn the conclusion that much of the present culture should be sacrificed to allow the dominance of the biological drives or, on the other hand, have asserted that the biological tendencies must be strongly repressed in order to maintain certain aspects of present day culture.

Either one of these positions seems to be untenable and they result merely from failure to think the subject through. The fundamental fact does not necessarily create antagonism and conflict. It may equally well be said that it provides for a much richer, fuller, more satisfying and more socially valuable sex life than the guinea pig or goat may be supposed to enjoy.

During childhood this fundamental fact gives little concern to the individual. At adolescence it begins to play an important part in the life of the boy or girl. I want to consider in a little more detail how this fact should be dealt with at the high school level.

Since the cultural and biological aspects of sex cannot easily or usefully be separated in human nature, it must be realized that sex plays an important part in many aspects of the individual's activities from day to day. Much harm has been done by concentrating attention on the biological phases of development at this period without giving sufficient thought to their affiliations with the psychological and emotional development of boys and girls. If a proper balance is to be maintained between these two aspects, the biological and cultural, it is necessary to shape the education of boys and girls along lines that will favor such a balance without tending to push the individual off on either side. Among the points to be considered in a constructive program for this purpose are the following:

1. Mere ignorance must not be tolerated in the first place. A normal, wholesome, and dynamic sex life, in the broadest sense of the term, cannot be expected if young people are ignorant of the elementary facts both physiological and psychological concerning sex, concerning their own personalities, and concerning the differences between the personalities of the two sexes. This information must be imparted gradually as the child is able to understand it and must be begun as early as he is able to understand and ask questions, which is usually not later than the age of four or five. I need not here emphasize the importance of early sex education in the home since it is now universally accepted. By the time of entrance on the junior high school curriculum young people should have, from their own parents or other sources, a good general idea about sex. This should be systematized and the details filled in by proper attention to the subject in appropriate courses in the junior high school curriculum. It is generally agreed that new courses are not desirable for this purpose, but that the subject should be absorbed in the present curriculum through the courses in natural science, social science, home economics, physical education, history, literature, and the like. Soon after the beginning of puberty, if not before, the boys and girls should have an accurate knowledge of the anatomy and physiology of the reproductive organs, the principles of heredity, the elements of embryology, together with a firm grasp on the very simple elementary propositions of eugenics. The mere possession of information is no guarantee of good behavior or rightly guided conduct, but wise choices in these respects are often difficult in the presence of the gross ignorance which still too often prevails among young people.

2. With such a background of information, a rational ethics must be presented to enable young people to guide their own conduct successfully. In the past, the general tendency has been to depend on taboos and authority. In their approach to the development of normal sexuality, the main defect alike of formal education, of religion, and of mental hygiene, has been to deal with the pathological, and so far as they gave definite help, to limit this advice to telling what not to do, rather than telling what to do. While the perils and evils of unwise choices should not be ignored, these form a very unsatisfactory text from which to preach the gospel of the good life. There is need for less propaganda to create fear of repression, with its accompanying threats of neurosis. There is need for more talk about the desirability of sex expression on the broadest basis in a way that will give the highest satisfaction. There is need to point out that partial and disintegrating expressions of sex lead to arrested development and frustration. There is need for more talk about how to make wise choices, how to recognize and reject fantasies, and how to get the opportunity to live fully and actively under conditions promoting growth, security, and integration.

3. During the high school period, young people usually reach the point where they are ready, unless their normal development has been thwarted or deformed, to take an active interest in the oppo-

site sex. This interest should be capitalized for the study of the differences of behavior between the two sexes. A great deal of misunderstanding, with loss of self-confidence, arises from the fact that boys and girls do not understand these differences and expect each to behave as the other would. If they are taught that the other sex will probably behave differently just because it is the other sex, and if they are led to study these differences, tying the study up with their every-day experiences and with history and literature, the subject is fascinating to them and promotes intelligent conduct.

4. As an outgrowth of this, young people must be taught how to be attractive to each other. A little aid in this has often been found to do away with serious problems of discipline in the schools. A girl who has a normal desire to attract the attention of boys, and to be popular, and who has no idea as to how this can be done, is likely to try to capitalize the only asset of whose existence she is certain and that is sex appeal on a primary level. If she is shown other ways of making herself popular with boys, her own feeling of self-confidence and security is enhanced and her conduct much improved from the point of view of her elders. Similarly it has been found time and again that serious problems of discipline among the boys disappeared when they were taught how to dance, taught how to meet girls without the feeling of fright or panic, and taught how to enjoy themselves so that they did not need to try to cover up their discomfiture by offensive tactics.

5. The next step is to give the young people a more adequate social life, particularly with more opportunity to do things together. The home is, in most instances, not able to supply a normal social life for its children in the cities. The church has very largely failed to meet its opportunities at this point. The schools have too often not recognized that they had an opportunity, not to say responsibility.

It is sometimes supposed that young people at the high school age nowadays have too much social life. This is undoubtedly true of a minority, but the great majority have nowhere near enough. At first sight, it might be supposed that nothing more would be needed than to send a boy to a coeducational high school where there were a thousand girls of his own age. But everyone knows that it is possible for that boy to go through that high school for four years and in all that time never go out with a girl and never even get acquainted with any girl further than to say "good morning" as they pass in the hall, if he happens to be seated beside her in one of his classes. The failure of many high schools to insure a normal emotional and social development of their students is one of the real tragedies of modern secondary education.

Where an attempt is made to remedy this lack it too often defeats itself. If a social affair is given, those come who are already socialized, who feel at home, and know they will have a good time and who, therefore, have no need to come from the present point of view. The diffident, self-conscious, shy, or introverted students simply stay at home, or if they come, are allowed to spend the

evening as wall flowers or in the stag line with the result that they go back feeling that they are failures in life, and are worse off than before.

To avoid this difficulty and insure a normal social life for every student, under conditions which he can no more escape than he can escape English literature, calls for some effort on the part of the school authorities and a loyal and sympathetic support from parents and tax payers.

Social dancing should be made an elective in the physical education classes since nothing has been found which helps young people to get along with each other better with the minimum of expense and exertion than learning to dance and being able to do so under favorable conditions. Formal dances running late into the night are certainly out of place in the high school, but in addition to class dancing, there should be abundant opportunity for informal dancing during the day. In some schools this is found to be most convenient during the lunch hour when a phonograph, radio, or occasionally the school orchestra can be called into action. In other cases, an informal dance can follow the close of the last period in the afternoon. The advantage of this is that students stay and dance in the clothes they wore during the day and feel no embarrassment. If they must come back in the evening to dance they often feel it necessary to wear something more festive and this automatically excludes and damages many students, especially girls whose parents cannot afford to provide them with large wardrobes.

Unless provision is made for everyone to dance, such affairs are not along the desired line. If a school can afford a school nurse or school athletic director, it should be able to afford a school social director whose task would be to promote a normal social life and see that everyone took part under favorable conditions. The participation of the more backward students can often be aided immensely by a cabinet of seniors who assume personal responsibility each for two or three under-classmen who need encouragement. The shy, self-centered girl who avoids every social affair may often be aided by an admired senior who cultivates her acquaintance, urges her to join the dramatic club, or the basketball squad, and insists that she come out to social affairs.

In many ways more effective yet are required activities to which students go because it is merely a part of the curriculum and they cannot therefore feel that they are being sent for their own good. Thus the Home Economics Department in many high schools has been invaluable among other reasons by giving practice teas in which a class of girls invites a class of boys as its guests. Since it is a class activity everyone has to go and the introverts cannot escape merely by staying at home. Similarly the members of a Biology class may get better acquainted during a Saturday collecting trip to the beach than by a whole semester of the class room. Much more ample use might be made of group assignments in classes in which boys and girls are named on committees to investigate, report, or work out projects.

It is needless to say that all of these activities depend upon an enlightened faculty made up of persons who themselves have reached an adult level emotionally and can deal with young people successfully in a social way, particularly accepting their efforts to become acquainted with each other without either puritanical reactions on the one hand or cynical flippancy on the other.

6. Since a prime purpose of the adolescent period must be to favor the normal development of the emotional life up to the adult level, every effort should be made to have conditions favor normal growth. Apart from the opportunities for getting acquainted with the opposite sex that have just been emphasized, it is necessary that the boy or girl be weaned from infantile dependence on his own family. Unfortunately the family, and more particularly the mother, too often imposes stubborn and selfish resistance to this process. Such an obstacle is not easy to overcome and in many cases will doubtless not disappear until a better educated and more normal generation of parents comes on the scene.

Opportunity for association with little children is probably valuable for this purpose as for others at the adolescent level. The nursery schools that form part of some high schools and provide laboratory material for the students, have a value much greater than is generally realized.

Normal adult patterns are necessary if the young people are to reach adult stature. A larger number of men and more normal married teachers of both sexes are needed in some high schools.

7. If the normal development of sexual life is to be encouraged at the adolescent level along the lines that have just been discussed, it must be a part of a well rounded personality and not either allowed to assume an exaggerated importance or be repressed until it fails to occupy its proper place in the child's existence. For this purpose, the sexual disposition must not merely be given adequate and normal outlets, but other dispositions must be equally provided for, so that a harmonious development of all parts will take place resulting in an adult and integrated personality. For the present purpose the desires and needs of the personality may be conveniently divided in the common way as those pertaining to the ego, those pertaining to sex, and those pertaining to society as a whole. While I am emphasizing sex in this paper, it must naturally go along with the other two.

The foregoing represent some of the obvious lines along which the problem of sexual education and the normal development of the sexual nature can be handled during adolescence in such a way as to promote individual happiness, social stability, and racial betterment. Beyond this, society must shortly make better provision for reasonably early marriage. Child-marriage is not desirable, but it should not be necessary for economic or other reasons, for young people to wait long after twenty-one to find their mates and establish their own homes.

SUBSTITUTES FOR VICE

BASCOM JOHNSON

American Social Hygiene Association

Counteraction is better than control. Substitutes for vice are like the artificially created immunities from disease. They should constitute the first defense of the community against vice and those commercialized amusements which are antisocial.

Most every adult knows in a general way that prostitution and other forms of sexual promiscuity, and the venereal diseases are serious evils which are more or less related to each other. Until recent years, however, these subjects were taboo, and discussed, if at all, in whispers and behind closed doors. Because of this taboo, full and accurate knowledge by the public of their causes and results has been lacking. Even today such knowledge is limited and largely confined to those official and unofficial groups who deal directly with the problems involved. Without public understanding and support of the measures which have been devised to attack these and attendant bad community conditions, such measures have fallen far short of the success which they might otherwise have achieved.

It is the purpose of this article to increase that understanding, to describe some of these measures, and to suggest practical steps that may be taken by intelligent citizens and progressive organizations to reduce these community hazards.

It must be understood to begin with, that promiscuous sex delinquency results from a great variety of interrelated factors, rather than from one predominant cause. Life histories of prostitutes and sex delinquents indicate that many have been surrounded by enough obviously bad influences to account for any resulting misconduct. They have come from inadequate homes. Much of their spare time has been spent with undesirable companions on the streets or in commercialized amusement places. They have had not only social disadvantages but, frequently, physical and mental handicaps. They have had little education or vocational training and have been unfitted for positions which carry with them adequate rewards either in money or creative satisfaction. In many instances instead of protection they have received from their families and communities encouragement towards delinquency

careers, and all too often their experience in courts and reformatories has had a hardening rather than correctional effect. In addition to these less-favored young people are those who have had home advantages and educational opportunities but who have experimented dangerously with sex arousments. Their delinquencies, however, only rarely become of public moment.¹

Among the physical handicaps with which children may start life is congenital syphilis, which could have been avoided if their mothers had received adequate treatment during the early stages of pregnancy. Both syphilis and gonorrhea are also frequently acquired by young people as a result of sexual adventures. These diseases are frequently neglected through ignorance, with results which are often serious and crippling. Total blindness, defective vision, heart disease which may be fatal, and a form of insanity called paresis, are only some of the tragic consequences possible to the infected person and to his family and intimates, when he does not have adequate medical care early enough during the course of his sickness.

It is obvious from this statement of the case that the far-reaching and fundamental changes in the social and economic structure of society which the New Deal contemplates will be necessary before we can hope to provide every child with the heredity and environment which should be his birthright. Nevertheless much can be done in the meantime by socially minded communities to protect youth from bad influences and to supply children with opportunities for living in harmony with the laws and customs of the day which their parents are unable or unwilling to provide. While it is true that some of these children will not wish to avail themselves of these opportunities and that some others will need individual guidance and assistance to benefit from them, every community which provides them and the incentives to use them will be pleasantly surprised at the results.

The sort of environment which predisposes young people toward delinquency has already been indicated. Some of the worst of these conditions can and ought to be eliminated. No community should tolerate open prostitution, indecent shows, salacious movies, or obscene literature. The so-called taxi-dance halls, cabarets, or road-houses where dance partners or hostesses are provided by the management and liquor is sold are known to have contributed directly to sex delinquencies of the participants, and indirectly to the recruitment of prostitutes and their customers. The elimination of these

¹ See *A Protective Measures Program*. JOURNAL OF SOCIAL HYGIENE, December, 1933. Pub. No. 858.

conditions is generally in the hands of the licensing authorities and the police and courts. They can not exist in the face of an informed and militant public opinion. A community gets pretty nearly the sort of environment that it wants, or is willing to stand for.

While the treatment of these problems involves mainly legal rather than protective measures, and while the persons directly affected are most frequently adults or close to adulthood, the elimination of these conditions is nevertheless of vital importance as a protective measure for adolescents and even for children. It must not be forgotten that the conditions mentioned are most frequently found in deteriorated or slum neighborhoods which are nevertheless the abode of the poor and the ignorant. In the south and the southwest particularly they are often found in those portions of the city where Negroes or Mexicans live. These people are often politically and socially helpless to protect themselves, and their children are thus surrounded from birth with sights and sounds which would degrade and corrupt the children of any race.

There are other measures, however, which are more constructive and directly protective to youth than the repressive and punitive ones above listed. They may be described as "substitutes for vice," which satisfy in an individual and socially satisfactory way the natural cravings of youth for action, adventure, and the companionship of the opposite sex. Unless these substitutes are provided, and unless they are made as attractive as their criminal or vicious prototypes, youth will often be attracted to the latter, if they are available, for lack of something better to do.

Vice then is the misuse of leisure time. If the Child Labor constitutional amendment makes permanent the freedom of children which the National Industrial Recovery Administration temporarily accomplished, and increased leisure time for children becomes assured and permanent, communities will need to increase greatly the number and variety of their substitutes for vice. These substitutes must be nearly, if not entirely without expense to the user if they are to be available to the poor who need them most. They must be inexpensive to provide and maintain if they are to come within the limits of greatly reduced community budgets. They must have pulling power. And, in addition, they must be so directed and managed as to disarm those parents and their children who are prone to be suspicious or scornful of anything that smacks of charity or paternalism.

The form of activity which meets most of these requirements for boys is organized athletics. Most every community has athletic facilities in gymnasiums attached to schools, in Young Men's Chris-

tian Associations, settlements and clubs. Outdoor fields are also available in connection with the same institutions, and in the parks and playgrounds. Few of them are used to capacity even during times of prosperity. There are, especially since the depression, many vacant buildings and parcels of land which either belong to the city, or could be obtained by it by gift, loan, or at a nominal rental and put to such uses after a moderate outlay. There are also state parks near most cities which can be used for camping, fishing or boating.

The main problem in connection with all these and other community activities is the provision of adequate, trained personnel for direction and supervision. In this connection the experience of a western community is a stimulating example. To provide and pay for additional trained directors of athletics and other forms of play and social activities in the face of depleted budgets, Los Angeles County has had recourse to Federal funds for unemployment work relief. Last summer they set up a work relief project which utilized many persons, temporarily out of work, who had been trained in the varied fields of recreational, social and educational activities. They put to work immediately those who were already qualified in social case work, or as directors of athletics or playground activities, and trained others in these special fields whose education and general background gave promise of adaptability. As a result, 63 new playgrounds were opened up in twenty days, and the 182 existing ones, theretofore operating on a reduced basis because of lack of funds, were fully staffed and operated to capacity.

"The preliminary report shows that relief workers under this project were employed on 252 playgrounds in 42 different communities throughout the county. There were 422 workers assigned to playground work and 118 to delinquency prevention. The programs at the various centers had been enriched by 584 new activities originated and directed by the relief workers. The delinquency prevention workers had made 2,633 home visits and 995 group contacts, bringing thousands of young people into touch with the new opportunities for wholesome fun and development activities. Special attention had been given to enlisting the interest in these group-play activities of children known to be unstable and to have definite behavior problems. Their names had been submitted confidentially by school counselors and social case-workers. The directors of the project are tremendously enthusiastic about this phase of the work, and about the response the workers are meeting from both parents and children.

Experiments of a similar nature are being carried on in a number of communities in different parts of the country. There is no doubt but that similar needs exist in every city and town. That

need is the greater by reason of the National Recovery Administration program, which gives to adults the jobs formerly held by thousands of boys and girls. Communities have a vast moral obligation to meet in relation to these children who had been permitted to go to work too soon. They must be reabsorbed in constructive educational and recreational activities. If funds to provide teachers, athletic directors, and social center supervisors on a regular full-time salary basis are lacking, work-relief service offers a possible solution."²

In Los Angeles County these and other community activities originated, and were carried out largely through the planning and cooperative action of officials from the schools, Juvenile Court, and the departments of welfare, recreation and probation. They were immeasurably aided and strengthened, by the participation of private organizations which cooperated wholeheartedly. In other places the initiative for such enterprises may well come from well informed and forward looking individuals or private organizations, such as women's clubs, Rotary, Kiwanis, or Chambers of Commerce.

Special emphasis should be placed, in planning programs for adolescents, on activities in which boys and girls can participate together. The popularity of the taxi-dance hall is evidence not only of the need of girls to earn a living, but of boys and men to find companionship with girls. Community dance halls, properly conducted, furnish the answer for the boys and men, and also for many young girls and women who are equally lonely and in need of companionship. Here again the school auditoriums and other ball rooms which lie unused for many days each year could be used. Dancing is so popular that such enterprises could be made largely self-supporting, if not in the schools, at least in other places. There is no form of recreation activity, however, which requires such careful planning and direction as dancing.

Glee clubs, debating clubs, dramatic clubs, and hiking clubs under competent direction are only a few of the many other activities in which boys and girls could participate together. Those young people who cannot afford and others who do not care to join such organizations as the Boy Scouts, Girl Scouts, or Camp Fire Girls are often the tinder which catches fire in the only other kind of clubs that they know, in other words, the clubs which meet in cellars, speakeasies, or in the back rooms of saloons or liquor selling taverns or restaurants.

While most of the direction and supervision of these substitutes for vice will of necessity have to be carried on by trained workers

² Alida C. Bowler. *Things for Idle Hands to do, A Description of one Community's Experiments in Delinquency Prevention.* Child Welfare, January, 1934.

the part which the lay public can and should play in their development and support is enormous. Some concrete suggestions follow :

- (1) Parent-teacher units are in a particularly strategic position to secure the wider use of schools and school playgrounds.
- (2) Chambers of Commerce are in a position to secure the allocation of State and Federal funds for such work projects as have been described.
- (3) Women's clubs can furnish volunteers from among their members to assist in organizing and directing dramatics, debating, and various other forms of club life for young people, and also to furnish guides for visits to museums, art galleries and other forms of cultural improvement.
- (4) Men's clubs can help to organize athletic leagues and competitions for boys, and wield powerful influence in securing unused facilities for boys' activities.
- (5) Citizens generally should inform themselves as to the achievements and potentialities of crime prevention work both within and without official departments of government. The reports of the Crime Prevention Bureau of the Police Department of New York City and of the Crime Prevention Association (private) of Philadelphia are among the best. On the basis of this information consideration should be given to the organization of similar activities. Conferences with the officials most concerned would determine the applicability of this fundamentally important procedure to a given community. Adaptation of procedure followed in these large cities will, of course, have to be made, but there is little doubt that the principle is sound and should be applied everywhere possible.

All these projects are vastly important as investments in the building of character in children, and are calculated to return heavy dividends to the community in the reduction of the cost of delinquency and crime, and in the production of citizens who are assets rather than liabilities.

SUGGESTIONS FOR FURTHER READING:

Readings and References of Current and Historical Value in Relation to Social Hygiene Protective Measures, Prostitution and Law Enforcement.

A list of publications. American Social Hygiene Association. Pub. 866.

Payne Fund Studies. Motion Pictures and Youth. Several volumes on research in various aspects of the subject, including a summary *Motion Pictures and Youth*, by W. W. Charters, Chairman. Published by The Macmillan Company, New York, 1933.

Suggestions on the Prevention of Sale and Distribution of Undesirable Literature. National Women's Christian Temperance Union, Evanston, Illinois, 1926.

THE LEAST PRIVILEGED CHILD

DR. WALTER CLARKE

American Social Hygiene Association

Each year many communities are alarmed by a recurrence of some plague, such as infantile paralysis or amoebic dysentery. The daily press features the mounting toll of cases and the Do's and Dont's of the health authorities. Special emergency appropriations to finance treatment are hurriedly made available. When the worst is over, the fortunate parents of every child who has escaped breathe a little easier, and are devoutly thankful.

What our newspapers do not feature at such fearsome times—what health authorities are seldom given opportunity to broadcast—is the toll taken by a disease ever with us, far more prevalent, gravely affected by unemployment and the economic depression, maiming hundreds of living children, and killing countless others before birth. This disease is congenital syphilis—an enemy of children far too little known and fought.

There is a popular luncheon club which devotes its philanthropic efforts to the care of the “under privileged child”—the underfed, insufficiently clothed, neglected children deprived of the benefits of sunshine and fresh air, living in dark places in an environment destructive of health and stifling of personality. This is a laudable effort and one to be encouraged.

The *least* privileged of under privileged children is the one upon whom the blight of syphilis was thrust even before it was born. While this child was developing in the body of its mother it received, along with nutrition from the mother's blood, the virus of a disease which was characterized by Sir William Osler as “the greatest killer among infections.” In fact, of every 100 such children half are killed before birth and so are denied altogether the privilege of life. A quarter of them live long enough to give their mothers the pain of bearing them and the sorrow of losing them before their first birthday. Most of the remaining quarter survive to carry the stigmata of their disease with them,—deformed of body, defective of mind, sometimes blind or deaf,—they are a burden to the community, a cross to their parents and a tragedy in themselves.

From 8 to 10 of every hundred pregnant women coming to pre-

natal clinics for advice have been found to have syphilis, which is practically the only disease that is communicable from mother to child *in utero*. It is not infrequent in private obstetrical practice. With suitable treatment early in pregnancy, at least 95 per cent of these conceptions would end in the birth of babies free from any evidence of syphilis.

This constitutes at once a triumph of medical science, and a challenge to all medical and social agencies caring for women and children. The triumph consists in the saving of 95 out of 100 infants threatened by congenital syphilis. The challenge is to ensure that every pregnant syphilitic woman is given proper tests for the discovery of syphilis, and treatment if she is found to be infected. Thus the unborn, least privileged child is given an opportunity for life and health. Dr. Ray Lyman Wilbur has said: "When we can keep the spirochaete of syphilis out of the body of every newborn child—we shall have added enough to human health and happiness to heal the wounds of the Great War."

Civic planning in every town and city should consider the extent of syphilis in the community, and the treatment facilities available both to those who can go to private physicians and those who must depend upon public provision of medical care. The following series of questions may serve by inference to make clear in the minds of interested citizens and organizations, what may reasonably be expected in an adequate community program for the reduction of congenital syphilis:

1. Does the community include practical measures against congenital syphilis in the program for combating disease and safeguarding child health? What are these measures?
2. Do the physicians take an active part in supporting this program, as individuals and through their societies?
3. What is done by the Health Department and other agencies in your community to inform the public regarding the problems and the prevention of congenital syphilis?
4. Is adequate provision made for prenatal clinics in your community for those who cannot consult private physicians? Are the services of these clinics available also to women of very limited means?
5. Do the prenatal clinics routinely make a blood test for syphilis on all pregnant women who attend?
6. Have any reports or statistics been prepared showing what percentage of these women are found to be syphilitic?
7. Is there any information as to the extent that physicians in private practice in your community routinely make blood tests on all pregnant women in their care?

8. Are syphilitic pregnant women under medical care by physicians and clinics being followed up to ensure regular and adequate treatment?
9. Do the agencies dealing with pregnant women seek to secure examination of husbands and children of syphilitic pregnant women, and also treatment if needed?
10. Are similar efforts made, or generally recognized as desirable, in relation to the contacts of all syphilis cases?
11. Do the physicians, health officials and other authorities include or advocate blood and other tests for syphilis as a part of periodic health examinations? Examinations before marriage? Examinations for employment? For admission to institutions? Examinations for life insurance, and other purposes?
12. Does your community provide free diagnostic tests and drugs for treatment of individuals infected with syphilis who cannot make private arrangements for adequate care?

The American Social Hygiene Association will be glad to advise with local groups interested in the development of activities for the prevention of congenital syphilis among the children of their communities.

SEX EDUCATION AND THE PARENTS' POINT OF VIEW

Many excellent articles and chapters in books have been written upon the experience and observations of parents regarding sex education, particularly of children before the attainment of school age; and many summaries of these have been published. However, the *Points for Parents to Remember* which are printed below, have been so widely commented upon and used, that they will bear reciting again.

Another important point to keep in mind is that the attitude of parents themselves, both toward each other and toward all relations involving sex, has a direct bearing on the sex life and attitudes of their children. Early impressions in this regard are of great significance. It is often difficult to reverse in later life through formal instruction, or any other means, impressions which have been established in the child's early years.

Yet many parents are themselves still under the influence of their own unfortunate early impressions, and find difficulty in carrying out consistently in daily family life the point of view toward sex education which their intellects tell them is satisfactory and desirable. Such parents will recognize these *Points* as illustrating the usual difficulties to be surmounted.

POINTS FOR PARENTS TO REMEMBER

1. **Do You Realize** that it is usual and healthy for an intelligent child to be curious about sex? If he does not ask *you* questions, he will probably get his information elsewhere.
2. **Do You Realize** that if you are embarrassed when children ask you questions about sex, they will feel it at once and will think that there is something mysterious and even wrong about the subject?
3. **Do Not Let** your children grow up with any false shame about any part of their bodies.
4. **A Young Child** asks exactly what it wants and needs to know at the time. Each question should be answered simply and frankly. But in the case of a child under 11, do not make your answer a starting point for an explanation of matters which have not so far puzzled him.
5. **The Birth** of another child is obviously and excellent opportunity for teaching the older children about sex.
6. **Where Possible**, all children should be allowed to keep and look after animals. This is an important part of sex education, particularly in the case of an only child.
7. **It Is Most Important** that an only child should have many natural opportunities of observing the differences between himself and people of the opposite sex at a very early age. This will prevent unnatural curiosity later on.
8. **If Your Child** is over eleven, and has not asked questions such as "Where do babies come from?" you should stimulate his interest in such subjects and answer his questions frankly.
9. **Adolescence** is the time when the sex glands begin their work and affect the child's life. He is then neither child nor adult and will probably find life difficult. Shyness and self-consciousness are natural at this age, and you should not expect too much from him at home or let yourself be disappointed if he does not do well at school.
10. **In Very Young Children** masturbation (or self-stimulation) is quite common, and you should not be alarmed at this habit. If it is not made to seem important by your anxiety, it will probably disappear. Older children will get over it equally easily if you help them by showing them that you understand their difficulties and by giving them as many outside interests as possible. Remember that the child should never be punished for masturbation.
11. **Do You Realize** that however useful talks from teachers or books written by experts be, your child's attitude to sex will be based on your own? If your own attitude is good, you are the best teacher he can have.

Among readily accessible source materials upon which such points are based, may be mentioned: *Social Hygiene in Schools*, a report of the White House Conference on Child Health and Protection (1930); *Proceedings of the National Conference on College Hygiene* (1931); *Parents and Sex Education*, by Dr. Benjamin C. Gruenberg; *The Mental Hygiene of Childhood*, by Dr. William A. White; *A Formula for Sex Education*, by Professor Thomas W. Galloway; and *Sex Education in the Home*, by Dr. Helen W. Brown. These and other publications may be secured through the American Social Hygiene Association, if they are not available in local public libraries. The fuller list on pages 271-272 will serve as a guide to parents interested in building up a home library.

EDITORIAL

SOCIAL HYGIENE—A COMMUNITY PROJECT

This number of the JOURNAL has been prepared especially for use by parent-teacher associations, clubs and other civic organizations having family and community health and welfare as their objectives. In planning the material to be included, we have kept in mind two things: first, what phases of the social hygiene program would most interest these groups, and second, how the available information might be presented in a form readily translatable into action. It is our hope that the various articles, outlines and bibliographies may serve as a guide and stimulus for social hygiene activities in many cities and towns where no organized programs now exist, as well as a fresh impetus to the work of social hygiene agencies already existing. In the planning and development of such activities, the Association will be glad to advise and assist to the extent of its capabilities of personnel and materials. Please write us at our new address, 50 West Fiftieth Street.

May we also extend to all of our readers who are not already members of the Association a warm invitation to join the 10,000 persons who look to the JOURNAL, the Social Hygiene News, and our pamphlet and book publications, exhibit and film materials, for current information regarding social hygiene and practical working tools. The annual dues, which are \$2.00 yearly, represent but a small fraction of the value of membership, which includes the above materials either without charge or at reduced prices.

Additional copies of this number of the JOURNAL may be secured for 35 cents each. Please ask for them promptly as the edition is limited. Reprints of the various articles and outlines may be secured at the usual price of 10 cents per copy, 80 cents per dozen, \$5.00 per hundred or \$25.00 per thousand. Single copies free to members.

SUGGESTIONS FOR ORGANIZING A COMMUNITY SOCIAL HYGIENE PROGRAM

*With questions suggesting to local groups how a
picture of social hygiene conditions may
be obtained*

What is Social Hygiene

Social hygiene applies to all the needs and problems arising out of the sexual nature of human beings; with its ultimate goal the preservation of wholesome personal and family life. In the United States social hygiene agencies are concerned chiefly with the reduction of syphilis and other infections of the venereal disease group, the repression of prostitution, the prevention of delinquency and with sex education and training for marriage and parenthood.

Social Hygiene and the Community

A community social hygiene program should be based on the general principle of meeting the community's needs in the four major work divisions of the field of social hygiene:

(1) Public Information

(a) To bring about popular understanding and support of social hygiene in general as a permanent part of community activities.

(b) To inform the public and the individual particularly regarding the dangers of syphilis and gonococcal infection; how these diseases may be avoided, or treated and arrested or cured if infection occurs.

(2) Medical Measures

(a) To provide adequate public health and medical services in the community, and to include in these services syphilis and gonococcal infections as major problems of health and medical care.

(b) To protect the public from quacks and other exploiters of the sick and credulous.

(3) Legal and Protective Measures

(a) To promote a community environment favorable to family life, and to safeguard children and adolescents from conditions leading to sex delinquency.

(b) To minimize prostitution, particularly its commercially organized aspects, and to enact remedial legislation when necessary.

(c) To develop recreation and leisure-time activities for both young and old.

(4) *Education*

(a) To enable each individual to secure an adequate understanding of his own body and emotional nature, and to develop habits likely to ensure that the functioning of sex will enhance rather than injure his personal and family life.

(b) To encourage the building of families made up of healthy, intelligent, and normally adjusted individuals, capable of providing the best possible inheritance of sound bodies and wise parental care for their children.

Where the Responsibility Rests

The responsibility for *public information* rests on agencies, both official and voluntary, whose activities include one or more aspects of social hygiene.

The responsibility for *medical measures* rests on the official health department, private physicians, hospitals and other institutions where diagnosis, treatment and after care are provided, and on the voluntary health and welfare agencies.

The responsibility for *legal and protective measures* rests mainly on the police, the courts, and official and voluntary protective agencies.

The responsibility for *education and measures for the benefit of the family* rests mainly on the home, the school, and the church, and on organizations serving children and young people.

An Interested Local Group, organized either formally or informally, is needed to initiate efforts. Included in this group should be representatives of the various agencies named above, and other men and women active and influential in civic planning. For the sake of carrying on the work successfully, it is well to ensure that those participating are genuinely interested and that some of them at least have time to give.

The social hygiene program can be carried out—wholly or in part

- (1) Under the auspices of a formally organized social hygiene society, or
- (2) Under an already existing organization, such as a local health agency
- (3) Through a series of standing committees or agencies dealing with correlated parts of the whole program.

If possible, it is wise to have a paid executive, either full-time or part-time, to ensure continuity and guidance in the development of the work, regardless of which one of these plans may be adopted. Paid work may be supplemented by volunteer help carefully directed.

First Steps

This local group interested in social hygiene ought

- (1) To survey conditions and learn what needs are being adequately met, what only partially, and what ones are wholly unmet.
- (2) To devise ways and means of working toward the remedying of the deficiencies revealed by the survey.

Methods of Survey

The group or committee would need to learn among other things:

- (1) What are the schools doing in the way of sex instruction and guidance? What are the church, the home and the organizations serving children and youth doing in the same field? What are the church and other interested agencies doing to foster successful marriage and parenthood, including family consultation services?

This would require interviews with

Directors of organizations serving children and youth
School superintendents, principals and teachers of biology, physiology, hygiene and other related subjects
Pastors and religious leaders
Parent-teacher associations and other parental groups

- (2) What are the police and courts doing to minimize prostitution, including the activities of promoters, procurers of girls and women, and other exploiters?

This would require interviews with

Judges	Health Officers
Chief of Police	Directors of official and
Prosecuting Attorney	voluntary protective agencies
Probation Officers	cies

- (3) What is being done by official agencies to prevent sexual delinquency, and what by private agencies such as mental hygiene clinics, recreation societies, and other preventive and protective agencies?

This would require interviews with

School superintendents	Directors of adult and children's protective agencies
Visiting teachers	Policewomen
Psychiatric social workers	All those persons mentioned under (2)
Probation workers	

- (4) What facilities exist to ensure the location, diagnosis, treatment and follow-up of all persons infected with syphilis and gonorrhea?

This would require interviews with

Health Officer	Public health nurses
Medical Society representatives	Social agencies
Representative private physicians	Medical directors of private
Clinic directors	industrial companies

- (5) What are the existing means and methods of public information?

This would require, in addition to data ascertained from the above sources, interviews with

Librarians—to learn what literature is available for general circulation
Newspaper editors—to sound out their attitudes towards social hygiene publicity
Chambers of Commerce and industrial leaders

Plan for the First Year's Work

With a picture of the community's facilities and needs before them, the group should proceed to outline the first year's working program. In most cases the needs will probably have been found to be very great. A modest program at the start, however, is much better than none. The enthusiasm and good-will toward social hygiene fostered by a sincere group of citizens organized in its interests, is of itself important in leading to an adequately supported permanent community program.

First efforts probably would be directed toward one or all of three aims:

- (1) Meeting emergent needs
- (2) Working on a social hygiene information program
- (3) Building up a group of persons in the community pledged to support the social hygiene program

Further details concerning a community program are contained in the following:

	Pub. No.
<i>Social Hygiene and the General Health Program</i> by Edward L. Keyes.	862
<i>Social Hygiene Education in a City of Medium Size</i> by Jean B. Pinney.	854
<i>A Protective Measures Program</i>	858
<i>Law Enforcement and Social Hygiene</i> by Bascom Johnson.....	797
<i>The Established Points in Social Hygiene Education</i> by Maurice A. Bigelow.....	820
<i>The Social Hygiene Program—Today and Tomorrow</i> by C.-E. A. Winslow.....	832

These pamphlets (10 cents each) and additional bibliographies, pamphlets and book-lists can be obtained from the American Social Hygiene Association, 50 West Fiftieth Street, New York, N. Y.

SOME OF THE THINGS A COMMUNITY SHOULD KNOW ABOUT ITSELF

Questions suggesting to local groups how a picture may be obtained of social hygiene conditions.

I. Public Information**1. Health agencies**

- a. Do your local health authorities carry on an educational program for public health?
Do they include instruction regarding the prevalence, gravity, prevention and need for diagnosis and medical care of syphilis and gonorrhea?
- b. Does any voluntary organization provide such instruction?
- c. What means are used by each agency participating in the venereal disease program?

Newspaper articles and notices?	Special exhibits?
Lecturers?	Distribution of pamphlets or other literature?
Motion picture films?	

2. Newspapers

Do your local newspapers print news about the prevention and control of syphilis and gonorrhea? Would they be willing to do so if dependable news stories were furnished them?

3. Public Libraries

- a. Are there any authoritative books and pamphlets on social hygiene including good recent material, in your library?
- b. If not, is any effort made by club or other groups to stimulate interest in having approved books purchased?
- c. Is the librarian familiar with the facilities of the American Social Hygiene Association for assistance to libraries? *I.e.*, Library membership service? Package libraries? The JOURNAL OF SOCIAL HYGIENE? *Social Hygiene News*? *Venereal Disease Information*?

II. Provision of Adequate Health and Medical Services**1. Health Officers**

- a. Have you a local health officer?
- b. Does he serve part-time or full-time?
- c. Does he have an adequate staff?

2. Health Department

- a. What division or bureau in the Health Department is specifically charged with control of syphilis and gonorrhea?
- b. What are its activities in regard to these diseases?
- c. What did it accomplish during the year past?

3. Reporting

- a. Are syphilis and gonorrhea cases reported to the local Health Department?
- b. Do local ordinances supplement State requirements as to reporting?
- c. How many cases of each of these diseases were reported during the year past? By physicians? By clinics and hospitals?
- d. Are case reports for these diseases increasing or decreasing? Any change is attributed to what reasons?
- e. What does the local Health Department do with the reports received?

4. Diagnostic Facilities

- a. Where can an individual fearing infection go for diagnosis? Private physician? Local health department?

- b. Where do social agencies send cases for diagnosis?
- c. Are laboratories readily available for performing proper tests for syphilis and gonorrhea? Local health department? State health department? Private laboratories? What, if any, charge is made for tests?

5. *Local Treatment Facilities*

- a. Is there in your community a clinic for the treatment of indigents having syphilis or gonorrhea?
- b. If not, what provision is made for treatment of these diseases, particularly of those unable to pay the full fees of competent private physicians?
- c. If you have a clinic
 - (1) Does it provide social service personnel to follow up:
 - Lapsed and irregular attendance cases?
 - Contacts of patients among families and intimates?
 - Sources of infection?
 - (2) What percentage of patients remain under treatment until permanently non-infectious? Until cured or discharged?
- d. Does the county, state, or federal government supplement in any way the local provisions for treatment?
- e. What measures have been instituted by the local medical society to aid in the control of syphilis and gonorrhea?
- f. What is the local consensus of opinion as to the adequacy of treatment facilities for all classes of patients, paying, part-paying, and indigent cases?
- g. Do relief agencies cooperate with medical and health agencies in providing medical care for those recipients of relief who are infected with syphilis or gonorrhea?
- h. Are there facilities for the hospitalization of cases of syphilis or gonorrhea requiring such care? Especially children having congenital syphilis? Little girls having cervico-vaginitis? Infectious cases of syphilis or gonorrhea which may be a menace to the public health?

6. *Prenatal Care*

- a. Is attention paid in your public health work to the prevention of congenital syphilis, by the treatment of syphilis in pregnant women?
- b. Are all pregnant women given suitable tests for the discovery of syphilis? By hospitals? By clinics? By private physicians?
- c. If a pregnant woman is found to be infected, is she given suitable treatment in order to ensure the birth of a healthy baby?
- d. Are husbands and previous children of pregnant syphilitic women brought under medical observation for the discovery of possible syphilitic infection?

7. *Quacks*

- a. Do your local papers carry advertisements of remedies for syphilis and gonorrhea, "blood diseases," "female troubles," "lost man-power," "discharges"?
- b. Do the papers advertise the treatment of these conditions by individuals calling themselves "doctors," "men's specialists," etc?
- c. What are the health and medical authorities and other agencies doing to suppress the activities of these persons?

8. *Drug-Store Prescribing and Self-Medication*

- a. Is anything known of the extent to which such practices prevail?
- b. Has the local pharmaceutical society taken action to educate their constituents concerning the dangerous and unethical aspects of "counter-prescribing" for syphilis or gonorrhea?
- c. What are your state and local laws and regulations regarding: The sale of remedies for venereal diseases? Counter-prescribing without license to practice medicine?

9. *Prophylaxis*

- a. Does your state law require treatment of all newborn babies' eyes with standard silver nitrate drops? Is the law generally observed? What are the statistics for blindness from this cause in your community and state? Do they compare favorably with the statistics of other states?
- b. Are there any provisions for prophylactic measures for prevention of genital infections of adults? What are these measures and what facilities exist for their application?
- c. What efforts are made to inform parents and other men and women of the importance of prophylactic methods and the scientific requirements for their use if they are to be of any value?

III. Legal and Protective Measures**A. Prevention of Delinquency**1. *Policewomen*

- a. How many, if any, women police officers do you have? Is the number adequate?
- b. What qualifications are required in policewomen appointees?
- c. What are their duties?
 - (1) Do they patrol public places, with the object of safeguarding women and children?
 - (2) Do they investigate complaints involving women and children?
 - (3) Do they supervise and attend women held in detention?

2. *School Social Service*

- a. Are there visiting teachers? Attendance officers?
- b. What are their duties?
- c. Is it believed that they are making the most of their opportunities to do constructive work?

3. *Playgrounds*

- a. Have you adequate playgrounds in your community?
- b. How are they supervised?
- c. Are vacant lots available which might be converted into playgrounds?
- d. Are school yards and equipment made available under supervision, out of school hours?

4. *Public Dance Halls*

- a. Do you have public dance halls? Taxi-dance halls?
- b. Are they licensed? Investigated by a responsible agency before licensing?
- c. How are they supervised?

5. *Motion Picture Houses*

- a. How many motion picture theatres in your community?
- b. What is their character?
- c. How are they supervised?

6. *Other Commercialized Amusements Should Provoke Similar Questions:*

Theatres	Road houses within or near
Beer gardens	the city limits
Parks and picnic grounds	Tourist camps
Pool rooms and other gathering	Street fairs
places of boys	Public exhibitions such as
Restaurants	beauty contests and mar-
	athons

7. *Sale of Obscene Literature and Materials*

- a. Is any local agency charged with the responsibility of control?
- b. Do the police make any effort toward restraint of such sale?

8. *Special Population Problems*

- a. Are there any special nationality or racial groups to be considered in civic planning of protective and recreational measures?
- b. Are facilities for recreation adequately provided to meet the special needs of all the various groups?

9. *Social Opportunities*

- a. Do your churches, and religious agencies, settlement houses, or other private organizations provide any social opportunities for young people?
- b. If so, of what kind?
- c. Are public halls (including school buildings) made available for neighborhood meetings for culture or recreation purposes?

10. *Adult Education*

- a. What classes for craftsmanship or culture are open to adults? Under public auspices? Under private auspices?

B. Law Enforcement Against Prostitution

1. *Laws*

- a. Have you state laws and local ordinances concerning the following?

Keeping a disorderly house	Soliciting on the street and in public places
Living on the proceeds of prostitution	Making the man customer equally liable with the commercial prostitute
Procuring or pandering	
Go-betweens	
Impairing the morals of a minor	
- b. Are these laws considered adequate by your district attorney, or other officials concerned with their enforcement?

2. *Police*

- a. Is any special section of the police force assigned to handle the above cases? How is the work organized?
- b. What is the attitude of the police force towards repression of prostitution, particularly its organized aspects?
- c. (See also III, A. 1)

3. *Detention Houses*

- a. Where are cases of women offenders detained pending trial?
- b. Is provision made for separating young from older and more hardened offenders during detention?
- c. Are provisions for detention considered adequate?

4. *Courts*

- a. In what type of court are cases for these offenses tried?
- b. If such cases are not tried in a special court or division of the court, are they tried at a separate session?
- c. Are records available, showing dispositions of these cases from arrest through trial and sentence, or discharge by the court?

5. *Medical Examinations*

- a. Is a medical examination of these cases made at some time after arrest?
- b. By whom is the examination made?
- c. At what stage of the court proceedings, before or after conviction?
- d. Is this routine or only occasional?
- e. Are suitable tests for the discovery of syphilis and gonorrhea included in the medical examination?
- f. If defendants are men, are they also examined?
- g. How does a diagnosis of venereal disease affect conviction or sentence?

- h. If a venereal infection is found, is suitable treatment administered?
 - i. By whom?
 - j. After an infected person is released from police or court custody, is medical follow-up instituted? By whom?
6. *Probation*
- a. Are women sex offenders ever placed on probation?
 - b. Have you a paid woman probation officer?
 - c. Have you voluntary probation officers or Big Sisters?
 - d. Are men arrested in prostitution cases placed on probation?
7. *Reformatory or Penal Institutions*
- a. To what types of institutions are women sex offenders sentenced?
 - b. Do such institutions carry on a program of modern reformatory measures?
 - c. To what types of institutions are men and boys in prostitution cases sentenced?

IV. *Educational Measures*

1. *Through homes*

- a. What is the general attitude of parents toward sex education, and training for marriage and parenthood, as evidenced by individuals and groups, like parent-teacher associations, women's clubs, and men's clubs?
- b. What provisions are made for informing and training parents in these matters? How effective is this training?
- c. What is the general parent attitude toward having home efforts supplemented by those of other qualified agencies, such as schools, churches, and service groups for boys and girls?

2. *Through Schools*

- a. What is the attitude of school officials (board, superintendent, principals) toward social hygiene education in schools? How familiar are they with experience of other schools in this field?
- b. What is the extent of sex education and of training for marriage and parenthood in the schools?
 - (1) In what schools and grades are such courses as nature study, biology, physiology, hygiene, physical education, home economics, social sciences and literature utilized for this type of instruction?
 - (2) In what schools is personal counsel given to students in meeting problems arising in sex conduct?
 - (3) In what schools are extra-curricular activities planned to provide social contacts between boys and girls?
- c. What provision do the schools make for cooperating with homes and other agencies in the matter of instruction and guidance? Through parent-teacher associations? Through other means?
- d. What is the general opinion of the community regarding the effectiveness of these school measures?

3. *Through Colleges and Universities*

- a. What is the attitude of college and university officials toward social hygiene education in their institutions? How familiar are they with the experience of higher educational institutions in this field?
- b. What is the extent of social hygiene education in the colleges and universities?
 - (1) In what institutions are courses in departments of biology, physiology, hygiene, psychology, sociology, physical education, home economics, education, and in bacteriology and public health utilized for this type of instruction?

- (2) In what institutions is personal counsel given to students for meeting problems in sex conduct?
- (3) What provision is made in these institutions for guiding the social life of their students?
- c. What is the general opinion regarding the effectiveness of these measures in the colleges and universities?
- 4. *Through Churches*
 - a. What churches give needed instruction and guidance in sex conduct to younger boys and girls, by means of inclusion of appropriate subject-matter in church-school classes or groups? By personal contacts of pastor or leaders?
 - b. What churches, through lectures and discussion groups for older boys and girls and young people, give preparation for marriage, parenthood, and successful family life?
 - c. What churches, through lectures and discussion groups, aid parents to instruct and guide their children in matters of sex conduct, and preparation for marriage and parenthood?
 - d. What churches give personal counsel on pre-marital and marital problems?
 - e. What is the general attitude of parishioners toward this work and its effectiveness?
 - f. In what ways are the churches cooperating with other agencies in guiding the sex conduct of children and youth?
- 5. *Through Other Agencies*
 - a. What use is made of youth organizations (*e.g.*, Campfire Girls, Scouts, girls' and boys' clubs, etc.) to give needed instruction and guidance in sex conduct to boys and girls entering adolescence?
 - b. What instruction and guidance in sex conduct are given by those in charge of institutions for children? By social workers? By probation officers? Others?
 - c. What provision is made by these or other agencies for consultation on pre-marital and marital problems?
 - d. What is the general opinion as to the effectiveness of such measures?
 - e. What measures for public education in the social hygiene field are being undertaken by any other agency in the community? (See also I.)
 - f. Is there any evidence that these educational measures are helping to prevent venereal disease infections and unwise sex conduct?

V. Measures for Coordination and Correlation of Official and Voluntary Activities in the Whole Social Hygiene Field

- a. What efforts have been made to develop a balanced program of social hygiene work in your community?
- b. What are the next steps which should be taken?

NOTES ON ORGANIZATION AND OBJECTIVES OF A STATE SOCIAL
HYGIENE COUNCIL, COMMITTEE OR OTHER WORKING GROUP

I. *Type of organization*

State Groups have varied in this respect. Illustrative are:

1. An informal group composed of representatives of various state organizations whose programs touch on social hygiene. Such a group might be affiliated with the State Conference of Social Work, the State Public Health Association, or other outstanding agencies, or might function independently, meeting once or twice a year or oftener as occasion may require to discuss mutual problems.
2. The above group, plus individual members not connected with agencies, including members of the national association.
3. The above group organized into a state society with officers and board of directors and employing a paid executive for a state-wide program and the development of local groups.

II. *Objectives*

Objectives vary according to the type of organization. Generally speaking they are:

1. Exchange of ideas and information regarding social hygiene activities in the state.
2. Discussion of problems common to more than one agency.
3. Development of a solid ground of support for endorsement of social hygiene legislation, and maintenance of an effective public opinion in relation to both official and voluntary social hygiene activities.
4. Avoidance of duplication of work among agencies.
5. Building up, if necessary, a permanent local social hygiene society.

III. *History of the state councils and societies*

Several states have well organized separately functioning social hygiene societies with full-time executives. Among them are: The District of Columbia, the States of Kentucky, Massachusetts, Oregon.

States having state social hygiene councils are: Florida, Georgia, Illinois, Missouri, Ohio, South Dakota, Vermont, Virginia.

States having social hygiene committees: Alabama, New Jersey, New York, Pennsylvania, New Mexico, Kansas.

All other states have a social hygiene membership distributed throughout the state, functioning through direct affiliation with the general membership of the national association, and looking to the latter for suggestions regarding state and local situations which need special consideration. These groups supplement the work of the various community social hygiene agencies. For a more detailed list of state and local agencies engaged in social hygiene activities, see February, 1934, JOURNAL OF SOCIAL HYGIENE or Pub. No. 874.

SOCIAL HYGIENE BOOKS AND PAMPHLETS SPECIALLY SELECTED FOR TEACHERS, PARENTS AND YOUNG PEOPLE

Any of these publications may be secured through the American Social Hygiene Association. Prices are plus transportation. Unless otherwise indicated, pamphlets listed are published by the Association and are available at 10 cents each, or free as a part of membership privileges.

For Parents of Children under Twelve

Books

- CADY, B. C., AND V. M., *The Way Life Begins*. New York, American Social Hygiene Association, 1917. 78 p. \$1.50.
DE SCHWEINITZ, K., *Growing Up*. New York, Macmillan, 1928. 111 p. \$1.75.
GALLOWAY, T. W., *Parenthood and the Character Training of Children*. New York, Abingdon Press, 1927. 224 p. \$1.10.
GRUENBERG, B. C., *Parents and Sex Education*. New York, Viking Press, 1932 ed. 112 p. \$1
TORELLE, ELLEN, *Plant and Animal Children—How They Grow*. Boston, D. C. Heath and Company, 1912. 230 p. '96c.
WHITE, W. A., *The Mental Hygiene of Childhood*. Boston, Little, Brown and Company, 1919. 193 p. \$1.75
DE NORMANDIE, R. L., *The Expectant Mother*. New York, Funk and Wagnalls, 1924. 57 p. 30 cents. (National Health Series)

Pamphlets

- BROWN, HELEN W., *Sex Education in the Home*. Pub. No. 844.
GAVIT, JOHN PALMER, *Some Information for Mother*. Pub. No. 532.
GALLOWAY, T. W., *A Formula for Sex Education*. Pub. No. 778. (5c.)
PARKER, VALERIA H., *Social Hygiene and the Child*. Pub. No. 883.

For Parents of Adolescents

Books

- BIGELOW, M. A., *Adolescence*. New York, Funk and Wagnalls, 1924. 60 p. 30c.
BROOKS, F. D., *Psychology of Adolescence*. Boston, Houghton Mifflin Company, 1929. 652 p. \$3
GALLOWAY, T. W., *Parenthood and the Character Training of Children*. New York, Abingdon Press, 1927. 224 p. \$1.10
GALLOWAY, T. W., *The Father and His Boy*. New York, Association Press, 1921. 99 p. \$1
HOOD, M. G., *For Girls and the Mothers of Girls*. New York, Bobbs-Merrill Company, 1914. 151 p. \$1.75
THOM, DOUGLAS A., *Normal Youth and Its Everyday Problems*. New York, D. Appleton and Company, 1932. 368 p. \$2.25

Pamphlets

- ARMSTRONG, D. A., AND E. B., *Sex in Life*. Pub. No. 52.
ABBOTT, MRS. T. GRAFTON, *Sex Problems of the Adolescent Girl* (reprint from *Journal of Social Hygiene*). Pub. No. 836.
BIGELOW, M. A., *Established Points in Social Hygiene Education*. Pub. No. 820.
EXNER, M. J., *Education for Marriage*. Pub. No. 692.
GALLOWAY, T. W., *A Formula for Sex Education*. Pub. No. 778. (5c.)
GARDINER, RUTH KIMBALL, *Your Daughter's Mother*. Pub. No. 319.
THOM, D. A., *Guiding the Adolescent*. U. S. Children's Bureau. Pub. 225.

For Teachers

Pamphlets

- GALLOWAY, T. W., *Human Nature Studies for the Early Grades*. Pub. No. 613.
GALLOWAY, T. W., *Sex Character Education in Junior High Schools*. Pub. No. 614. (15c.)
GALLOWAY, T. W., *Social Hygiene in Health Education for Junior High Schools*. Pub. No. 615.
GRUENBERG, B. C., *High Schools and Sex Education*. U. S. Bureau of Education. (25c.)
TORREY, H. B., *Biology in the Elementary Schools*. Pub. No. 576. (25c.)

For Boys and Girls, 12-14 Years**Books**

- DE SCHWEINITZ, K., *Growing Up*. New York, Macmillan, 1928. 111 p. \$1.75
 DICKERSON, R. E., *Growing Into Manhood*. New York, Association Press, 1933. 100 p. \$1
 HOOD, M. G., *For Girls and the Mothers of Girls*. New York, Bobbs-Merrill Company, 1914. 151 p. \$1.75

Pamphlets

- ARMSTRONG, D. A., AND E. B., *Sex in Life*. Pub. No. 52.
 EDSON, N. W., *From Boy to Man*. Pub. No. 626.
Health for Girls. Pub. No. 831.

For Older Boys and Girls, 15-18 Years**Books**

- DICKERSON, R. E., *So Youth May Know*. New York, Association Press, 1930. 255 p. \$1.25
 GROVES, SKINNER, AND SWENSON, *The Family and Its Relationships*. Chicago, Lippincott, 1932. 321 p. \$1.60
 DENNIS, LEMO T., *Living Together in the Family*. Washington, D. C., American Home Economics Association, 1934. 187 p. \$1.10

Pamphlets

- Health for Girls*. Pub. No. 831.
Health for Men. Pub. No. 827.
 EDSON, N. W., *Choosing a Home Partner*. Pub. No. 526.
 EXNER, M. J., *The Question of Petting*. Pub. No. 853.

For Young People, 18-21 Years, and Adults**Books**

- NEUMANN, HENRY, *Modern Youth and Marriage*. New York, D. Appleton and Company, 1928. 146 p. \$1.50
 SNOW, W. F., *Venereal Diseases—Medical, Nursing and Community Aspects*. New York, Funk and Wagnalls, 1924. 59 p. 30c.
 POPENOE, PAUL, *Modern Marriage*. New York, Macmillan Co., 1929. 259 p. \$2

Pamphlets

- BIGELOW, M. A., *Established Points in Social Hygiene Education*. Pub. No. 820.
 EDSON, N. W., *Choosing a Home Partner*. Pub. No. 526.
 WINSLOW, C.-E. A., *The Social Hygiene Program—Today and Tomorrow*. Pub. No. 832.
 SNOW, W. F.,
Health for Man and Boy. Pub. No. 839.
Women and Their Health. Pub. No. 840.
Marriage and Parenthood. Pub. No. 841.

Of Special Interest to Teachers

- Social Hygiene in the Schools*. White House Conference on Child Health and Protection. New York, Century Co., 1932. 59 p. 50c.

ANNOUNCEMENT

The cordial reception given to the Library Number of the JOURNAL last year makes us think that another such issue would be welcome. The June JOURNAL, therefore, will contain material selected especially for the interest of libraries—public and private, great and small, home, school, church, or club. Some of the contents: *Notes on a Year of Cooperation with the Libraries*, by Pearl A. Winchester, in charge of library extension for the Association; *The Social Hygiene Book-Shelf*, revised to include several new titles; *Book Reviews*, classified and grouped by subject.

Single copies of the JOURNAL, 35 cents, subscription price \$3.00 yearly, or free to the Association's members. Annual dues are \$2.00.

Journal of Social Hygiene

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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER
AT 372-374 BROADWAY, ALBANY, N. Y., FOR
THE AMERICAN SOCIAL HYGIENE ASSOCIATION
EDITORIAL OFFICES
50 WEST FIFTIETH STREET, NEW YORK CITY

JEAN B. PINNEY, MANAGING EDITOR
WILLIAM F. SNOW, EDITORIAL CONSULTANT

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

The JOURNAL OF SOCIAL HYGIENE is supplied to active members of The American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each.

Price \$3.00 per year; 35 cents per copy.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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Title Registered, U. S. Patent Office.

Member, Union Internationale Contre Le Péril Vénérien
4 rue de Sèvres, Paris, France

Journal of Social Hygiene

VOL. XX

JUNE, 1934

NO. 6

NOTES ON A YEAR OF COOPERATION WITH THE LIBRARIES

PEARL ADAIR WINCHESTER

American Social Hygiene Association

A year ago, as we read the library magazines and watched the many requests coming from libraries into the Association's office, the thing which stood out in bold relief was the emphasis upon the importance of the library as a social agency, even more important in a time of uncertainty and social change than in less difficult days. This emphasis became a challenge to all libraries to bring forth from their storehouses things new and old and put them at the service of the thousands of persons who were crowding the reading room and the charging desk, asking for books that would help them to get work or help them to understand why there was none to be had, or that would keep up their courage and pass the time until the clouds rolled by. It was a call to efficiency, envisioning the library as an educational force of the first rank. There is reason to believe that librarians everywhere responded and have done their best. But nearly everywhere it has been a losing fight, for the depression that created opportunity for wider service has during the past year stopped purchases of new publications, has curtailed personnel, and frequently closed the doors of the library entirely. That the situation is desperate, a vicious circle, a sort of killing the goose that lays the golden egg, is quite

evident to anyone who has been following library news from month to month. Only the other day the New York City newspapers announced that ten public library branches must be closed on account of lack of funds, and this is only one of many such instances.

It has been with sympathy and interest that the American Social Hygiene Association has watched these developments. The present notes on library contacts of the past year will tell of our continued efforts to cooperate with libraries in meeting the growing demands of the public in the field of social hygiene, the perennial problems of which have not been simplified by the present situation.

The Package Library

The crisis in library maintenance was definitely brought to the Association's attention during the early summer of 1933. A Package Library service was then being arranged, using the duplicate copies of standard and fundamental books on social hygiene which were available in our section of the National Health Library, thus releasing valuable shelf room in the Library and at the same time making it possible to circulate the books to a larger group of readers. Each package included a dozen or more of these books and also a number of the pamphlet publications of the American Social Hygiene Association, arranged in small sets, each in a convenient binder, to meet the needs of different groups. The packages were offered first to state libraries, many of which have traveling collections, with the privilege of a long term loan and no charge other than that for transportation. There was a cordial response to this offer, but some of the replies revealed a deplorable situation. "This Commission is being discontinued at the end of the month. We are not certain whether there will be funds to carry on the work." "I am very much interested in your offer, because I think it is something very worth while. At the present time we cannot take advantage of it, for the work of the Free Library Commission is to be discontinued after June. The Legislature made no provision for its support during the next biennium." In explanation of delay in reply, one librarian wrote, "Your letter reached here the first day of our half month vacation without pay, closing the library to save a little money for extra help on the peak of the load in the winter, as our appropriations have been cut." A desperate finality was conveyed by this brief note, "The

Commission has been without funds since June of last year and it is probable that we will have to close the office entirely."

Other libraries, also hard hit but still active, took up the offer with enthusiasm. "We have most of the books on your list, but since we have a number of groups out all the time on these subjects, we can very well use extra copies. . . . This is especially true since our book fund has been cut in half." Again, "We lack the necessary funds to make any purchases." And yet again, "It is going to mean so much to have these titles to use with the ones in our collection. As you know we are so very limited in our buying now that it is a problem to meet the needs of our borrowers, and the number of requests increases with the depression." It became evident that the Package Service, started only with the idea of general usefulness, was going to fill an emergency need.

All of the packages were soon out on loan and as they were returned letters gave interesting glimpses of the uses to which they had been put. In some cases the circulation was smaller than had been anticipated. One librarian expressed surprise at the lack of interest on the part of club women, while in another state a package was in active use by members of a woman's club for three months. Members of the Association's staff who were going out on field trips asked for "sample cases," with the result that applications began to come from many types of libraries. One public library made the contents of a package available to all the parent-teacher associations of the city by sending out notices through the council president. Bibliography lists were sent and book cards made out so the books could circulate, "as mothers are apt to be too busy to use the books in the library," wrote the librarian. "They are so very popular that I would like to keep them until we can replace them by our own books, if that will not be too late." Packages were loaned to college libraries, to university extension centers and a Chautauqua lecture course, to a settlement and a city church for use in club work, to Y.M. and Y.W.C.A. libraries, to a House of Detention for Women, and to several town and city libraries. The following letter described the way in which a package borrowed by a high school teacher of biology and sociology was made to serve the needs of a whole community, circulating from the library of a mid-western high school.

"We would like to keep the books another four or five weeks. We have used them with parents, teachers, students a little, and they are now being used with the girls' training school in nursing at Mercy Hospital. The head nurse . . . is also a member of the adult class in sociology at the Y.W.C.A. where some of these books and pamphlets were utilized. . . . We have bought seven extra copies of DeSchweinitz's *Growing Up* and Cady's *The Way*

Life Begins to use with the students. The attitude of people toward this work has been fine. You ought to see the perfect embryos we have been given by different people, tiny calves at six weeks, ten, twelve, and fourteen, and three human embryos, perfect twins at six weeks, and a single one at about three and one half months. . . . This teaching work needs to be done here as much as anywhere. . . . Your kindness and interest are appreciated here."

The packages have traveled to New England states, the Pacific coast, and points between, north to Minnesota, south to Florida. Most interesting of all are the return engagements, not mere extensions of time, but requests for a second loan.

A special package was made up in response to an inquiry from educational advisors in camps of the Civilian Conservation Corps in Michigan. They asked for materials which would give instruction and information on social and personal hygiene for the young unmarried men between the ages of seventeen and twenty-five who are stationed in the camps. A package of seventeen different books and a selection of pamphlets was routed to the camps through the Library Extension Service of the University of Michigan.

The American Library Association

Packages have been exhibited at six state or district library meetings on the eastern and western seaboard, and one was the center of much interest at the meeting of the American Library Association in Chicago in October, 1933. That gathering, incidentally, proved a significant indication of the interest of librarians in social hygiene. The National Health Library presented at its booth in the general exhibit a collection of two hundred and fifty books on health recommended by the seventeen national health groups which maintain the Library. Forty-five books on social hygiene were included and an Association staff member assisted in demonstrating the material. When the week's returns were all in it was found that sixty-five per cent of all inquiries received at the exhibit booth related to social hygiene publications and problems. Another exhibit of social hygiene materials is being prepared for the 1934 meeting of the American Library Association in Montreal, June 25th to 30th.

Social Hygiene Problems of the Librarian

We are indebted to Mr. Will Rogers for the cheering information in one of his recent syndicated messages to the press that during the last few years the public has seen all it wants to see of sex "in the motion pictures and doesn't care to see it over again, thank you." One can only hope Mr. Rogers is right about this—and

wait and see. Whether there is any connection or not, our library experiences of the past year confirm the impression that the demand for simple, reliable and constructive information regarding a wholesome attitude toward sex is on the increase. Readers of the *Wilson Bulletin for Librarians* are familiar with its *Problems* department, inaugurated two years ago. A topic which cropped up early was the problem of censorship in the small library. The discussion, which was noted in the June, 1933, issue of the *JOURNAL OF SOCIAL HYGIENE*, was of more than passing interest because it developed the librarian's point of view on the "closed shelf" question which has frequently been referred to this office by individual librarians. In a few months the question appeared again in the *Bulletin*, this time definitely concerned with books on sex education. Much more space than usual was devoted to the replies, which came from at least eighteen states and Canada and represented various points of view. The editorial summary is valuable because it comes directly from the experience of librarians, not from protagonists of social hygiene, who like all advocates of a cause, are under suspicion of overstating their case. We quote from the *Bulletin* for January, 1934:

"What to do with the youngster who asks for a book of sex information? Many replies have come to us, and their character is ample evidence of the concern with which most librarians have faced the problem. The consensus of opinion among our correspondents—and it seems to us an intelligent conclusion—is that the librarian who interposes a barrier between the child and an essential part of his education is failing in her duty to society, is weaving another strand into the net of taboos and inhibitions and circumlocutions that enmeshes the adolescent and from which modern psychologists and educators would set him free. Once the librarian recognizes that the curiosity of the adolescent is normal, say our correspondents, and that it is part of her job to help him know himself, the difficulty dwindles in magnitude and becomes merely another problem in book-selection.

"But what of the parents of the child who is forced, doubtless in agony of spirit, to ask the librarian for the enlightenment he should have received at home? The most eloquent of our correspondents condemn the parents as proven failures and see no necessity of consulting them now that the child has obviously lost faith in their power or willingness to help him. Others still feel that the approval of the parents should be obtained before lending the child a book on the subject. Several suggest that the parents themselves are obviously in need of education in the duties of parenthood and should be informed of the presence of books in the library that would be of interest both to them and to their child.

"Many librarians admit the necessity of keeping books on social hygiene in the library, but hesitate to put them on the open shelves, chiefly in fear of an adverse reaction from conservative patrons. The difficulty with this policy of supplying such literature only on request is that those who need it most may never learn of its existence, or, if they do, may not be courageous enough to ask for it. Some contend, furthermore, that the maintenance of a special closed shelf discourages a rational and normal approach to its contents; the locked cupboard exerts a baneful influence. The debate on this point is inconclusive, but it seems clear that the librarian can do a great deal by her own example and by the uses of the means of publicity at her disposal in educating a community towards a progressive and healthy attitude. A com-

munity that insists on keeping life a secret is a backward one and is in urgent need of some missionary work."

Pamphlets Are Important

An interesting feature of the letters in this discussion was the frequent mention of pamphlet material. Inclusion of more pamphlet material in bibliographies is noticeable in recent years, and its value for library accessions is more generally recognized. Probably the depression and the *Vertical File Service* have had a good deal to do with this. The *Library Journal* (April 15, 1934, p. 349) throws out the suggestion that a study of pamphlet material might be revealing. "Pamphlets have been so largely used by organizations which have a positive point of view to place before the public that many people discount the value of the facts included. Paper binding, being a more ephemeral form, often suggests to a casual reader that the material included is considered by its sponsors to be of more temporary importance" than that between the covers of a book. It is more than likely that such a study would reveal that cost of production and the attempt to make material readily accessible to a large public are the important reasons for this type of publication. While it is less attractive and impressive than a book, it is more convenient and enormously less expensive. In presenting its "positive point of view" to a wide public over a period of many years, this Association has furnished in this form material which is as carefully written as any book could be, and infinitely more difficult to prepare because of the need for accuracy and adequacy within severe limitations of space. Frequent orders received for pamphlets from libraries during the past year indicate, we hope, an increasing appreciation of their quality.

A Library Number of the Journal

Three years ago the JOURNAL OF SOCIAL HYGIENE published an article recounting the results of a search for social hygiene books in the libraries and book-shops of New York City.¹ It indicated two things: first,—that many of the places visited could to advantage broaden and revise their collection of social hygiene books; second—that a request for "social hygiene" material usually elicited no response. The term was not recognized as applying to the various works at hand on sex education, character-training, family relations, public health and other phases of social hygiene. To ascertain whether this was the case elsewhere reprints of this article which included a list of the books found, were sent to 475 selected

¹ *An Amateur's Quest for Social Hygiene Books.* JOURNAL OF SOCIAL HYGIENE, June, 1931.

libraries, with the request to check their collections against the printed list, and otherwise to comment. The replies, numerous and very much to the point, were summarized in an article *Social Hygiene and the Libraries* by the present writer, which appeared in the first special *Library Number* of this JOURNAL, published in June, 1933. In this number also appeared for the first time *The Social Hygiene Bookshelf*, revised to date and reprinted in the present issue. This list of books and pamphlets classified under headings descriptive of the use for which intended, is designed as a guide in building library collections both large and small, public and in the home, especially where limited funds are available and basic needs must be considered.

A comprehensive group of reviews of important books, classified by their relation to the social hygiene program of medical, legal-protective, educational and family relations activities, completed the special *Library Number*, which has found wide use, and received so many favorable comments that another special number this year seemed a good idea.

The Library Membership Service

Many libraries find that it is desirable to supplement their social hygiene book collections and the JOURNAL OF SOCIAL HYGIENE with pamphlets, especially the new material appearing. To make this material easily accessible and to insure its arrival in the librarian's hands regularly, the Association has arranged a *Library Membership Service*. This service, for which the dues are \$3.00 yearly, the same as a non-membership subscription,—brings to the library the monthly JOURNAL and the *Social Hygiene News*, and at intervals of three months all new pamphlet, leaflet, and other material issued by the Association in the interim. Other special privileges accrue to this membership service, such as consultation with the Association's staff on library social hygiene problems, and the provision of exhibits, back numbers of the JOURNAL and reduced rates on films and lantern slides. In some cases it has been possible for the Association to donate certain book publications without charge. Librarians taking advantage of the *Library Membership Service* now number 150, and the list increases steadily in spite of limited funds.

Book Donations

An example of the Association's contribution of books to permanent library collections occurred this spring, when it was

found possible to give three useful social hygiene reference works² to libraries, the only expense being for transportation. While preference was given to libraries having the membership service, this offer was also thrown open to libraries generally and made known through the *Wilson Bulletin*, the *Library Journal*, and the *Social Hygiene News*. Requests came in promptly.

During the next few weeks more than seven hundred twenty-five volumes were sent out. The incidental correspondence, which came from all types of libraries, indicated that the books were meeting a real need.

These are necessarily but a few highlights of the many interesting events of the past year which concern libraries as they relate to social hygiene. A glimpse into our correspondence files and visitors' record would show numerous instances of special inquiries answered, consultation and advice furnished, exhibits and other materials provided to meet special needs.

In conclusion, it may be said that the past year, in spite of financial stringency for both the libraries and the Association, has been one of decided advance in cooperation, and in the understanding and utilization of social hygiene facilities. It is quite evident that to the alert librarian social hygiene is no academic question but a live issue. During the coming year the Association will continue its efforts to be of assistance, both generally and in emergency needs, to the full extent of its resources.

² *Sex and Social Health*, Galloway; *Specialized Courts Dealing with Sex Delinquency*, Worthington and Topping; *Women Police*, Owings.

Let me sing a hymn to libraries and to their patient, accurate, helpful keepers, the librarians.

Here and there throughout the world are lamps whose flames are kept perpetually alight, as symbols of devotion and ever-enduring memory. Only a fundamental change in human nature, only a shift of the bases of civilized life, could put out those flames.

So with every library which has been placed, either by private gift or public grant, upon a permanent economic foundation. It is a shrine where glows a perpetual flame—and one which really preserves the light of the past and sheds light upon all times as they pass. . . .

Now I have no room for a stanza upon the guardians of the flame, the librarians. But they deserve a whole hymn to themselves.

HOYT HUDSON

BOOK REVIEWS

For ready reference we have grouped the Book Reviews which appear in the following pages under the headings to which they particularly relate. It is, of course, impossible in a collection like this to include all the worthy books recently published on the subject, but we trust that the selection here made will give a birds-eye view of current literature in the social hygiene field.

BOOKS OF GENERAL INTEREST

CENSORSHIP OF SPEECH AND THE PRESS. Compiled by Lamar T. Beman. New York: The H. W. Wilson Company. \$2.40.

So long as the Bill of Rights in the United States Constitution tends to challenge men's minds, such a volume as *Censorship of Speech and the Press* in the handbook series published by The H. W. Wilson Company of New York, will be of the greatest usefulness and interest. Lamar T. Beman who wrote and compiled this book several years ago could hardly have foreseen the controversies that were to develop as a result of the N.R.A. program with its codes and limitations that, in the minds of some, threatened to abrogate and modify the rights of free speech and the freedom of the press.

Censorship of Speech and the Press is not confined to newspapers and magazines. It covers indeed the whole broad field of expression and it does so with negative and affirmative evidence and argument. The volume is, in fact, a history of censorship in all its forms and it starts from the premise that freedom of speech and freedom of the press "have never been construed to be absolute rights" but have been interpreted to permit of restrictions and limitations.

Freedom of the press was indeed a live subject when the volume was being prepared in 1930 and when a Congressional committee was investigating the activities of Communist organizations and leading newspapers throughout the country were attacking the Minnesota "Nuisance Law" under which the freedom of the press as interpreted by newspapers, editors and publishers was temporarily suspended until the Supreme Court took a different view. It is today a much livelier subject as a result of the N.R.A. program and the implied controversy between publishers and editors and General Johnson.

The true student of social progress will find in Mr. Beman's volume the richest kind of a field for prospecting for the ultimate

standards in freedom of expression. The liberal thinkers who have in recent years contended for freedom of expression in the arts, in literature, and in pamphlets and tracts dealing with social problems have not always been at one with the newspaper and magazine editors who have, upon the slightest provocation fought for the inviolate rights of the press. On the other hand those liberal thinkers have frequently been the very ones who have looked upon the freedom of the press as something of commercial license. Their views should be mellowed and ripened greatly by this Volume No. 5 in the *Hand Book Series No. 3*; likewise editors of newspapers and magazines may be caused to realize that a great deal more is bound up in censorship of speech and the press than is to be found only in the daily newspaper or the periodical magazine.

Although the great abundance of negative and affirmative argument in the volume warrants the everlasting thanks to Mr. Beman of all those interested in this vital subject, those who need the steady hand of a well balanced and well ordered arrangement will have an additional measure of praise for the compiler and publisher of this volume.

When any authority attempts to deny fundamental liberty and the rights of free speech, these rights immediately become especially valuable. "Liberties do not exist when they are merely exalted as an abstract ideal." This relatively new volume, now indeed several years old, endeavors to take these words of Forrest Bailey and show how practical a problem these liberties present.

A tremendous amount of work has been done in compiling *Censorship of Speech and the Press* but it has been done with a keen sense of historical and literary reference; with a fine passion for being unprejudiced and, indeed, with a knack for being interesting. There is philosophical significance in the publication of this volume at this particular time because it has undertaken to deal with the moral values of freedom of expression and with the resistance to censorship in its various forms. The control by "hindrance" and by "furtherance" is a challenging theory which indeed the author and compiler does not settle for us but he articulates for us a good deal of thinking, done from the time of Socrates to Walter Lippmann.

WALTER W. R. MAY

TO BE OR NOT TO BE. A Study of Suicide. Louis I. Dublin, Ph.D., and Bessie Bunzel, M.A. New York: Harrison Smith and Robert Haas, 1931. 443 p., \$3.50.

The authors of this volume state that "it is a study that concerns equally the physician and the lawyer, the teacher and the social worker, the statesman and the moralist, the priest and the philoso-

pher." This statement might well be extended to include every thoughtful member of society, for the study develops in a striking way that the responsibility for preventing suicides does not rest entirely with the professional groups, because often the need is for "ordinary human kindness and sympathy." All "who seek insight into life as it is" will gain understanding by reading this clearly presented interpretation of the available information regarding a problem which has been increasingly troublesome since the close of the World War.

The conclusion is reached that many personal and environmental factors are involved in each case of suicide, and it is not possible to suggest one sovereign preventive measure. Undoubtedly, many suicides have been prevented by early recognition of abnormal mental trends and the provision of competent medical advice and supervision, with hospitalization for those needing it. The emphasis for the future is expressed in the title of the last chapter, *Toward Sound Mental Health*.

From the social hygiene point of view, the volume is an important contribution. Suicide mortality rates are shown to be lower among married persons than among the single, widowed, or divorced, and lower for those who have children than for the childless. The comments of the authors regarding these findings are as follows:

"Our data indicate that the community of interests, the intimacy of family contacts, and the devotion between different members of the household, all act to strengthen the desire to live. . . . Such factors are very real deterrents and help to account for the findings we have reviewed. It is probably of greater importance that in the procreation of children and in their rearing, deep-lying instincts and desires find their natural expression, and the denial or submerging of the desires is an important source of suicide." In view of these facts about family relationships, it naturally follows that sane sex education is discussed as one of the important factors which may contribute toward preventing the tragedy of self-destruction through giving to life positive values which increase "the happiness, efficiency, and adequacy of the people as a whole."

An appendix presenting the fundamental statistical data bearing upon the suicide problem is an important feature of this volume. The authors express the hope that "this valuable collection of material will serve the serious student and aid him to make further contributions to the social sciences." An extensive bibliography is included and a detailed index.

MARY AUGUSTA CLARK

ALCOHOL AND MAN: Effects of Alcohol on Man in Health and Disease. Edited by Haven Emerson. New York: Macmillan Company, 1932. 451 p. \$3.50.

One of the reference books all social hygiene collections should have was published late last year under this title. It deals with

the effects of alcohol on man in health and disease. The list of scientific contributors and the notable editorial group under the chairmanship of Dr. Haven Emerson guarantee a broad authoritative treatment of the subject free from bias or emotion, opinion or reaction. There is no attempt to "draw conclusions" in any administrative sense.

The content comprises factual statements of the present scientific concepts of alcohol as a factor in health and disease. The references, glossary, and index are well arranged for its purpose. References to gonococcal infections and syphilis appear in many places. For example, under resistance to infection—"In acute or chronic gonorrhea the effect of alcohol is unquestionably detrimental, so that it is sometimes actually ordered as a provocative test in order to produce an exacerbation and thus demonstrate any latent disease." And under venereal diseases—"There are very many extraneous factors. The association of alcoholism with syphilis appears, however, to be justified, and there is some undue incidence of infection (especially among men) whilst under the influence of alcohol. Forel's statistics showed that 76 per cent of men and 66 per cent of women were infected whilst drunk; others' figures are 48 per cent to 75 per cent (Lomholt) and 27 per cent (Harrison). These figures do not necessarily represent impaired resistance against the organism of syphilis, but rather reflect the carelessness and lack of precautions brought about by the intoxication. Syphilis is common among relatively non-alcoholic races (Feldman). Probably alcohol only indirectly increases the incidence of venereal disease, either by increasing sexual desire and thus illicit intercourse (Finger), or by weakening self-control. Many inquiries have, in fact, suggested that the association is actually more apparent than real (Bayly).

There, however, considerable evidence to suggest that alcohol may be a factor in diminishing the efficiency of therapeutic measures. Uhlenhuth and Manteufel found that arsenical treatment (with atoxyl) was more dangerous for animals given alcohol than for others, and Ewald has emphasized the better prognosis and quicker healing of lesions in abstainers after treatment. It is said that the later nervous manifestations of syphilis are less frequent among abstainers, and this—though it requires further confirmation—also points to less satisfactory results of treatment among alcoholics. The resistance to treatment of many cases of syphilis is attributed to the added effect of alcohol (Royal Commission on Venereal Disease), and there is an undoubtedly greater risk attached to modern arsenical injections in alcoholics than in others. Alcohol also appears to be a definite cause of relapses, and existing lesions may show exacerba-

tions within 48 hours of a drinking bout. Hübner found better results of treatment when alcohol could be eliminated, and considered that there was a true paralyzing effect upon the beneficial action of salvarsan injections.

E. B. R.

A PROGRAM BOOK FOR WOMEN'S GROUPS.

A PROGRAM BOOK FOR YOUNG WOMEN IN SMALL COMMUNITIES. By Elizabeth B. Herring, Secretary for Rural Interests, Laboratory Division, National Board, Young Women's Christian Association. Issued by the Womans Press, New York, 1933.

The problem of the new leisure extends as much to the rural situation as to the urban and involves both young and old. As an agency which numbers mature women as well as girls in its membership, in small towns as well as large, the National Board of the Young Women's Christian Association has turned its attention to meeting the situation through extending in small centers its broad program of activities. The program book for women's groups is directed not only toward helping them to understand their own problems and find new interests for themselves but also to be useful to the young people of their communities and with them to move toward a more satisfactory world for everybody. The first book is to serve as a background for those desiring to help girls and young women who must of necessity remain at home, in discovering satisfactory ways to spend their time and energy. A number of ways are outlined in the *Program Book for Young Women in Small Communities*, music, dramatics, crafts and recreation; introductions to the economic situation and the duties of citizenship, vocational training; home-making and marriage, finding a philosophy of life, and self-help and mutual aid. One does not wish to quibble over minor shortcomings in a plan which indicates a serious attempt to meet a situation for which no one has put forward an adequate solution. It seems to us, however, that a much more important place might be accorded the section on Home-Making and Marriage, which occupy as large a place in the minds of girls today as in the past. Indeed it is quite possible that girls actually do more thinking about them than in days when there was practically no choice for a woman except between the dependence of a wife and that of a spinster. Perhaps it is just because there is so much good material readily available for information on preparation for marriage, the choice of home partners, the personal adjustments essential for a successful home, that so little of value is indicated under this heading.

P. A. WINCHESTER

PSYCHIATRY AND MENTAL HEALTH. By John Rathbone Oliver. New York: Charles Scribner's Sons. 330 p. \$2.75.

"To All Parish Priests, Seminarians, Ministers, and Social Workers, who are laboring to help the broken in heart to find a medicine to heal their sickness"—so reads the dedication of this book from the pen of Dr. John Rathbone Oliver, Associate in the History of Medicine at the Johns Hopkins University. The text is based on the Hale lectures for 1932 delivered at the Western Theological Seminary in Evanston, Illinois.

The author says in his preface, "I realize only too deeply that my presentation of Pastoral Psychiatry is often inadequate. Some people will find it too simple and will feel that I have diluted objective science with an emotional popular appeal. Others may think that I have written in too technical and too difficult a manner." This seems to have proved a fair estimate of the way in which the book has been received. But social hygiene readers will doubtless be interested particularly in this author's approach to priests, seminarians, and ministers. One may not agree with his methods or even his presentation, but all will agree that much more needs to be done in the direction of interesting and informing the church and its personnel of scientific views and practical application of sound principles of social hygiene.

The author says in his chapter on Religious Faith and Practice: "I cannot end this book in any better way than by bringing you through our long discussion of mental diseases, of mental maladjustments and of sexual and emotional difficulties—bringing you through all this complex mass of mankind's mental suffering—all this foggy, often muddy country—out into the light that beats so clearly, so cleanly upon the figure of the Divine Psychiatrist—the one Great Physician of the soul. I want to leave you, not with memories of psychoses, of phobias, of obsessions, of erotic reactions, but with Him. And if you and I could continue with Him, walk with Him in our daily lives, live through Him and with Him, then we could put all these chapters of mine into the fire and might throw in with them all the books on moral theology, all the books on marriage and birth control, all the machinery of prohibition, of condemnation, of regulation, that have come down to us from the Ten Commandments and the Jewish Law. If people lived up to the ideals of the Sermon on the Mount, there would be no need for the Ten Commandments. If you and I made full use of the power of our religion; if we grew, year by year, in the development of our spiritual lives; if we practiced the Catholic faith, day in day out—then there would be no need for discussions about sexual

continence, no need for understanding the lower physical sexual reactions, so necessity for trying to make the world realize the surpassing and permanent value of the Christian Religion."

E. B. R.

SEX AND INTERNAL SECRETIONS. Edgar Allen. Baltimore: Williams and Wilkins Company, 1931. 951 p. \$10.00.

This report upon a survey of recent research in this field, edited by Dr. Edgar Allen and contributed to by some twenty-one scientists, incorporates the results of ten years research based upon a careful study of the literature on the subject from all countries. The inception of the work was related to the program of the American Social Hygiene Association. This organization assigned one of its staff, Mr. Earl F. Zinn, to interview scientists regarding the status of knowledge and needed research in the field of sex. On the basis of this preliminary work, in 1921 the Bureau of Social Hygiene began the financing of a program of research on fundamental problems of sex under the guidance of a Committee of the Division of Medical Sciences of the National Research Council. This volume is a product of the latter's Committee labors.

It is not in any sense a popular treatise, but it is remarkably well and interestingly written. Its purpose is to survey the most important recent researches in problems of sex, especially those concerned with internal secretions. The editor has succeeded in presenting clearly the concepts already established by experimental evidence; and as a by-product he shows equally clearly that many problems remain unsolved or only partially supported by tested evidence. Those interested in the progress of research in sex problems, and physicians interested particularly in sex functions in mankind will find it profitable reading. It also provides a biological foundation for education in matters of sex, which has been hitherto lacking in readily available form.

The book will be an important and useful addition to all social hygiene reference libraries as well as to all general science and research collections. The bibliography at the end of each of the nineteen sections into which its nine hundred odd pages are divided is invaluable; as are the resumé, prospect, and conclusion paragraphs wherever such have been included. The Bureau of Social Hygiene, the National Research Council, the many scientists who have worked upon this project, and the publishers all deserve thanks for this valuable publication.

W. F. SNOW

NEUROLOGY AND PSYCHOLOGY. MASTURBATION AND MENTAL DISTURBANCES.

W. Malamud and G. Palmer (*Journ. Nerv. and Ment. Dis.*, September, 1932, p. 233, and October, p. 366), discuss the part played by masturbation in the causation of mental disturbances, and record fifty cases, 70 per cent of which were male. In their main series of 500 cases the sex disproportion was much less than this, however, and in a series of normal female students the rate of incidence was over 60 per cent. In males the highest number of cases occurred in the age period 16-20; in females there was a gradual rise from puberty to a preclimacteric maximum, with an abrupt fall at the climacterium. The main conclusions reached by the authors are as follows: In a certain number of mentally diseased persons the development of the disease is closely associated with the practice of masturbation. Regardless of what connections there may be between masturbation as such and the effects it has on the personality, the conditions observed in the present series of fifty cases were undoubtedly closely associated with conflicts introduced by the attitudes taken by these patients to masturbation, its effects, and implications. The authors found also that the development of an abnormal mental state in relation to such a conflict was not an invariable concomitant of masturbation: when it appeared there were usually (1) constitutional peculiarities evidenced by poor heredity, abnormal personality traits, or both; (2) deficient proper sex education, associated with a history of misinformation as to the alleged effects of masturbation; and (3) very commonly an unsatisfactory general environmental situation. The development of the abnormal state showed no definite relation to the continuation of masturbation into adult life. No proof was obtained of the supposition that excessive masturbation had led to the development of the mental disturbances. Psychotherapy was found to be very effective in securing readjustment of the patients; the authors add that it is desirable to determine in each case not only that a conflict exists, but also what circumstances were associated with the taking up of masturbation, as well as with the failure to win emancipation from it.

E. B. R.

SUFFERING. By Alphonse Daudet. New Haven: Yale University Press, 1934. 89 p. \$2.00.

This remarkable record of the protracted suffering of Alphonse Daudet will be read with interest by all admirers of the great French author and by physicians who will find in his notes a complete subjective account of the reaction of a sensitive man to the manifestations of locomotor ataxia. Daudet's notes remained unpublished

until thirty years after the author's death in 1895, eleven years after he felt the first symptoms of the disease. He was saved, however, from that which held for him the greatest terror—intellectual dissolution—for he died suddenly of cerebral hemorrhage.

The tortures of lightning pains, of stabbing, stinging, cutting pain, of paralysis, of creeping, crawling, tingling sensations are described as only a great writer could portray them. He tells of his reaction to the various forms of treatment which were tried by Charcot and others in an endless endeavor to relieve him. He pictures his sensations under the influence of morphine, chloral hydrate and bromides taken in increasing quantities to make life bearable. He mentions other sufferers having the same disease with whom he established a fellowship of agony. And yet so personal is pain that he wrote "I am the one-man orchestra of suffering."

"Sometimes, under one's foot, a very fine, delicate incision—a hair. Or else like a penknife cutting under the toe nails. The torture of the wooden boot on the ankles. Very sharp rats' teeth nibbling at one's toes.

"My legs have the sensation of slipping away and gliding along lifelessly. Sometimes, they will give an involuntary lurch.

"Pain glides everywhere, in my vision, in my sensations and my judgment; it is like an infiltration.

"Oh, my suffering, be everything for me. The countries thou deprivest me of, may my eyes find them in thee. Be my philosophy, be my science."

Charcot told this distinguished patient that his case was hopeless and would end only in death. Since then medical science has moved onward. In fact all the great modern discoveries regarding syphilis have been achieved since Daudet's death. Had Daudet lived a little later this book would never have been written, for the progress of the disease in him as in thousands of others could have been arrested.

WALTER CLARKE

BOOKS ON SEX EDUCATION AND FAMILY RELATIONS

THE NEW MORALITY. By G. E. Newsom. Charles Scribner's Sons. 319 pp. \$1.75.

Many circles take it for granted that a rational ethics now allows nothing to interfere with the sex-life, that if ideals of family-life stand in the way of this freedom, then the family must be mended or ended, and that all this is sanctioned by modern science. Before very long, we are told, the force of these truths will compel both law and public opinion to approve sexual freedom for the unmarried and married both.

These beliefs of the so-called emancipated are questioned by the Master of Selwyn College, Cambridge. He recognizes the harm done

by the widely prevalent idea that sex is unclean and permissible only in procreation. He wants a due appreciation of the aesthetic value of the sex relation; for he holds that this understanding of its power will enlarge and enrich our morals. The physical tie has a rightness and a beauty which should be affirmed and accepted with unhesitatingly joy. Sex-life has now acquired a new significance just as during the nineteenth century, a new meaning was given to both Nature and History. But, there is no reason to treat either these scientific or aesthetic acquisitions as the emancipated would do—that is, to cut them off from their relation to the highest purposes of man's living.

The author therefore dwells at length upon the priceless contribution made to civilization by family-life; he points out the fallacies in which the likeness of man to animal is emphasized to the neglect of the differences; and he invites us to consider how any lasting social structure can be erected except upon the foundations of trust, honor, devotion.

"In the course of human history man has made and administered the laws : but there is something greater and deeper than law, on which all law depends. This is morality, and, in respect of morality, all the work done for the race by nature, nurture, and culture has been done, above all other means, through the home and through the integrity of character in the wife and mother who is the mainstay of the home." . . . (p. 25.)

"Anyone who takes the trouble to think about morality—and without morality there is no prospect for society save disintegration and no prospect for the race save decay—will recognize the necessity of an ideal of personality which can include a generous breadth of interests together with a clear unity of self-direction : a personality which grows stronger and larger through fellowship with others and in subordination to a high aim of social development. I do not think it can be disputed that this ideal of personality is typified for the race by the figure of the wife and mother, who bends in benediction over the home. It is a figure which stands for the redemption, refinement and fulfilment of the life of sex by making it integral to the life of the family." (p. 26.)

It is true that men have been less wholehearted than women in accepting this ideal for their own conduct. This, however, would seem to prove only that men can dominate unjustly. The double standard is unjust no matter how customary it may be or how invested with the glamor of romance or freedom. A sound equality will seek to level up and not down.

The great ideal of the home is to be kept in the foreground. It cannot of course be realized in a day. A gradual approach is perhaps all that can be expected of human clay. But it is not true, Dr. Newsom holds, that science now proves human nature to be incapable

of such ascent. In the controlling and guiding of impulse, there is nothing in the least unnatural. The error lies in a false limitation of the meaning of that term. The distinctive nature of man has been shown over and again in the ability to respond to serious demands upon powers higher than impulse. All aesthetic or scientific culture itself implies this ideal, no less than moral culture does.

The claim that the New Morality is sanctioned by Biology is examined in the light of testimony in quite the opposite direction by H. S. Jennings (*Biological Basis of Human Nature*). Dr. Jennings looks upon sex-freedom not as a richer development of the evolutionary process, but as a turning back, much too late for a race which should have learned more from its experiences with the monogamic family as a real though by no means perfect agency of spiritual advance.

Three chapters examine the arguments of Anthropology. Here again the author shows how the story of the human family as told by the rebels has arbitrarily selected its claims for freedom. There is nothing to prove that

“either the matrilineal or the totemistic culture was primitive, or was ever universal, or was a stage through which all mankind must have passed. Not least precarious is the assumption of the New Morality that the origin of the historical family is to be sought in the violent revolution from matrilineal to patrilineal society; or the assumption that the matrilineal and the primitive are one and the same thing; or that sexual freedom is a primitive condition which should now be restored.” (p. 110.)

Nor have the rebels any monopoly of philosophic understanding. The author sounds a warning that writers like Russell and A. Huxley may be too greatly influenced by ideals of mechanics. Because analysis here helps you to separate out your elements, your parts, your atoms, you imagine that you have found truth. But this process may omit the point of first importance, the presence of the nobler unities exemplified in a living human society. One of these unities we divine in any thorough-going study of the family:

“Rising from within the biology of reproduction, of associated life, of getting food, of warding off enemies, of elementary training of the young, there appears, and there may appear in the highest degree, a new growth of ethical value, a new creative evolution of social sentiment, a real and natural revelation of the mystery of Life’s purpose.” (p. 130.) . . . “The sexual impulse takes to itself a finer quality, by which it desires to foster the life of the mate. In the higher culture of sex-life this desire becomes an enduring loyalty of generous care, a steady set of the will to take care of the beloved and to aid her or him in the development of life. Even in marriages which are by no means ideally happy, there is often exhibited in a surprising way the strength of this impulse to shield and take care of a partner.

Lacking this element of fostering care, not even the most delightful and enthralling romantic emotions have a pennyworth of moral value. It is a mistake to use the word Love for any sexual relationship which renounces the element of enduring devotion and loyalty." (p. 137.)

In short, Dr. Newsom sees little to be gained from a doctrine of primitive man which belittles what is fine in our inheritance from the animals:

"a psychology which finds nothing in the mind, even in the mind of children, to which goodness can appeal : an ethic of sex which discards the element of permanent devotion : a morality of marriage which demands an open mind for the approaches of adulterous desire : an estimate of motherhood which assumes that women could as easily cast off their motherhood as they cast off an old shoe." (p. 254.)

Nor can he see any great prospect for mankind in turning to the State to make good the hurt done by all this liberation of egoism. Very aptly he wonders why advocates of freedom and individuality can be so blind as to suppose that of all agencies, the State may be expected to concern itself with the richer development of genuine personality.

He puts his hope in grappling courageously with the problems presented by the social changes and the novel complexities of this age. The best help of society would go to building up the genuine family. Male dominance has gone. Parents can now be better comrades. A more confidential comradeship between parents and children can avoid many a needless hurt. Birth-control gets its best meaning to the extent that moral and social spirit are in the lead. Especially does the author look for much in the new sense of neighborhood which will wipe out the slums and to-day's vulgar, commercialized, exciting of sex-appeal. People who place economic reconstruction first in all programs for advance will wish that the author had accented the material security which would encourage earlier marriage. His main concern, however, is with basic ethical philosophy. And here his observations may be read with great profit.

HENRY NEUMANN

LIVING TOGETHER IN THE FAMILY. A STUDY OF FAMILY RELATIONSHIPS. By Lemo T. Dennis. Washington, D. C.: American Home Economics Association, 1934. 187 p. \$1.10.

Those who have watched the swing of home economics from the techniques of housekeeping to the skills of homemaking and have noted the rapid growth of teaching-units of family relationships will welcome an addition to this pioneer field. Dr. Dennis has achieved

a textbook for high school girls that "attempts to describe and interpret some of the everyday situations which arise in family life," with the object of guiding these girls in their own relationships. "This book also tries to bring out the fact that successful family living is not accomplished without effort," and "Because tolerance and understanding are so necessary in maintaining happy relations with others they are stressed over and over again in these pages."

Much as adolescents themselves do, the book takes for granted that homes and families are worth while. And it wastes no time on the history of the family or on the dangers that threaten it or on the need for new family types, but goes at once to points pertinent to high school students. Even a cursory reading shows it packed full of practical topics, such as choosing the family home site, sharing the family car, parent worries over finances and crowded quarters and shabby furnishings, sharing the home with relatives and grandparents and necessary roomers, why parent restrictions are necessary, and special days for family recreation. It goes directly to the heart of adolescent problems based on separation and divorce, differing temperaments, and jealousy, and suggests what the student may do to meet them. Its simple philosophy includes "the need in most families for more outward signs of affection," and pride and praise as the oil for family frictions.

Despite the newness of the field, this text gives little space to principles; it leaves those mostly for skilled teacher and eager pupils to expand as they wish. Nor does it attempt to be complete or final but rather to be thought-provoking to youth who challenge. It is replete with examples of families in action, the Fenton family, the Foster and the Sampsons, and Mrs. Ellis and her two girls. It tells not what families should do but what they actually do in order to get along happily. There is an excellent chapter on teamwork in the home and on the ways in which families have achieved it. Moreover the reader is made to feel that here is the newest thinking on the points considered; witness, "Savings are being used more and more to finance some practical venture, such as education, a new car, a house of one's own, or a vacation."

In the cause of tolerance and understanding this schoolbook constantly interprets the wants and feelings and motives of family members. With the object of making youth who are outgrowing their homes understand why parents do as they do, it frequently shows the parents' viewpoint and their reasons for family decisions. And because youth are frequently inconsiderate of their younger brothers and sisters, it explains children's motives and gives many "ways in which older children in a family can help the younger ones." All

this in language gauged to the high school pupil and ever with adolescent viewpoints and interests and a growing sense of personal responsibility.

In the chapter on *The Family as Teacher and Interpreter* and sandwiched in between sections on *Religion in Family Life* and on *Financial Responsibility* is a two page section on *Sex Education*. Here is brought out the naturalness of a child's turning to his parents for information and for settling of problems. But "young people need to realize that when their parents were young, sex was not discussed as freely as it is now. Their parents may want to give them instruction but find it difficult to break down the barriers of silence raised about the subject in their own childhood." The author doesn't attempt to include content here but turns the student to reliable books and pamphlets. After a word of caution about unreliable reading material and its warping effect, the author declares: "Sex is as natural as hunger, and response to this urge must, like other bodily functions, be under the control of the individual. If young people look upon sex in this light and come to understand how it influences their own and other people's emotions, there is no reason why it should give them any more concern than the other problems which they must solve for themselves."

A bit sweeping, that last sentence. But the author is to be commended on this pioneer experiment of integrating sex education into a textbook for high school girls. It is not avoided or minimized or emphasized but handled in the same way as the other materials of the book. Some teachers may be unable to use such a section. To others it will open up splendid opportunities for sound guidance of sex conduct at an age when it becomes especially puzzling to many individuals.

Equally interesting to those who believe that education should help meet life situations is the last chapter, on *Founding a Home*. Beginning with the increasing interest of boys and girls in each other, it deals with such topics as the way friendship affects ideals; qualities desired in a mate; the importance of good heredity; the health of the home as affected by periodic examinations, venereal diseases and emotional adjustments; joint responsibility for finances and the need for teamwork in handling them; management of the home; a constructive attitude toward sex; and marriage as a way of living. Here is a wealth of teachable material on preparation for marriage for students many of whom will marry within a few years. It is simple and practical material, permeated with the viewpoint that "successful relations with others do not just happen."

In form the book is attractive and readable. The suggestions for

class discussion at the end of each chapter give wide opportunity under a skillful teacher for interchange of opinion about one's own family life. The selected references include recent materials, most of them appearing within the last five years.

All together a very teachable text, and one that should do much to help modern youth live happily in their present and future families.

NEWELL W. EDSON

THE CHANCES OF MORBID INHERITANCE. Edited by C. P. Blacker, M.C., M.A., M.D., M.R.C.P. London: H. K. Lewis & Co., 1934.

This is a symposium of 449 pages on the human inheritance of morbid, or pathological, conditions, physical and mental. The present knowledge of pathological inheritance is well covered by eighteen chapters, which are contributed by men who are eminent in medical science and of wide clinical experience. The work differs from many others of multiple authorship in that its contributions are of equal excellence and do not overlap one another. The quality of the contributions and the high value of the work is an eloquent testimonial to the editorship of Dr. Blacker.

The scientific reader of this book is wholly won over by the moderation of its contributors in claiming no more than the factual data they cite goes to substantiate. The lay reader will have his eyes opened by the multiplicity of proofs that exist as to the recurrence in progeny of physical and mental stigmata.

As Dr. Blacker states in his preface, the primary object of the work is to furnish medical men with the data that will equip them to advise those who consult them on the problems of inheritance in connection with marriage and offspring. It is possible to answer these questions with far more accuracy than laymen, or for that matter most medical men, are usually aware.

The introductory chapter by Professor Ruggles Gates inducts the uninstructed reader into the principles of Mendelian inheritance and their general application. And at the end of the book Professor Hogben initiates him into the utility and precision with which mathematics is able to be applied to problems of heredity.

In the intervening chapters dealing with the wide varieties of pathological heredity, the genetic biology is gone into thoroughly. And this serves to illuminate the subject, as nothing else could possibly do, as to the inevitability of such inheritance, even when its mode or its incidence are not clearly known. But beyond the point where genetic biology enables us to determine the incidence of such inheritance with accuracy, a sound statistical method is pursued by which most pathological inheritance is able to be reduced to mathe-

mathematical probability. Indeed the work well fulfills the promise of its title in that it clearly sets forth the *chances*, or the probability, of the inheritance of various pathological conditions.

In a brief review we reluctantly pass over the heredity of physical pathological traits, including eye, ear, cardio-vascular, renal, blood, and allergic conditions, to give some notice to that of mental traits which so profoundly affect social life, individual and collective. In the chapter on Mental Disorders, for example, Dr. Aubrey Lewis sets forth that where one parent is a schizophrenic the chances are that 8 to 10 per cent of the offspring will be schizophrenic, 34 to 42 per cent will show schizoid personality (eccentricity), and only about half will be mentally normal. And if both parents are schizophrenic, half the offspring will be schizophrenic, and only a fifth of the offspring normal. Again, of the children of a manic-depressant parent, the probabilities are that a third will have the same disorder, and another sixth will show milder mood disorders. And if both parents are manic-depressants, two-thirds of the children will be manic-depressants, and the remaining third show milder mood disorders. Such deductions are not derived alone from genetic theory, but from objective findings in which the factor of environment has been given due weight.

In connection with the heritability of mental traits, it is well recognized that the close parallelism of the same mental traits in identical twins is the most reliable evidence of heredity, as against the environmental origin of such manifestations. Dr. Lewis cites the fact that of 26 identical twins convicted of crimes each pair showed "amazing similarity" in their criminal careers. And this is only one of many such observations. While the environmental factor unquestionably bulks large in criminality, such observations go to show that the hereditary factor is no less to be reckoned with.

Lewis further cites that "among the ascendants of 72 homosexual individuals, qualities of character peculiar to the opposite sex occurred more frequently than in families of normal people." We could consistently expect to find an equal hereditary factor in the various phases of sexual obliquity. And this indicates a profitable field of research. For example, wherever the reviewer has been able to trace the family history of cases of illegitimacy or of prostitution, similar lapses have always been discovered in blood relations. Thus it is manifest that heredity is by no means a negligible factor in promiscuity. And it is well to remember that promiscuity is one important factor in perpetuating venereal disease, and prevents it from dying out in one generation.

Few will be able to read the chapter by Dr. Herd on mental deficiency, or feeble-mindedness, without reaching the conclusion that in

order to reduce the incidence of feeble-mindedness the sterilization of all feeble-minded individuals is highly desirable and justifiable.

The social problem group, embracing the insane, the feeble-minded, the incorrigibly unsocial, the sexually oblique, the unreclaimable pauper, and the criminal class, comprises about 10 per cent of our population and lays an unwarrantably heavy burden upon it. And it would probably occur to most readers after perusing this book that the facts warrant the application of sterilization to a far larger element of the population than has yet been generally contemplated.

In any event, the general knowledge of the facts contained in this work would go far to save many errors and many tragedies in the lives of individuals.

C. G. CAMPBELL

OUR CHILDREN. By Dorothy Canfield Fisher and Sidonie Matsner Gruenberg. New York: The Viking Press, 1932. 348 p. \$2.75.

This is an excellent and much needed handbook for parents. It has been built out of the inquiries, experience and questions addressed to the Child Study Association of America. Its sponsorship by the officers of the Association, its editing by these noted authors, and its long list of contributing authorities make it an important book for social hygiene agencies and members interested in the family and its job.

Following the authors' introductory statements of parent education as a part of adult education in general, the content moves swiftly through an author's relay race to "The Ultimate Goal," an ideal of family living with which the book closes. Discussion of the child's growth and development—what he is as an organism, what he is born with, the chemistry of his growth, changing goals of health and maintaining healthy attitudes toward health—leads to consideration of the psychological factors in habit formation, questions of discipline, individual differences, anger and fear, and sex education.

The "meaning of maturity" and the "family drama" are titles of two strong chapters. Various aspects of related trends in education are challengingly presented by a series of internationally known educators; and the influence of loosening family ties, the recognition of children as members of society, and religion in the child's life are incorporated, as the topical progression moves on to vocational guidance in practice today and "the quest of life values in the machine age."

The significance of parents understanding the functions of the home and the community and of seeing the child as a whole, is stressed throughout; as is the importance of parents and teachers

working together. A good bibliography and full index add effectively to its purpose of supplying a handbook for parents.

E. B. R.

A HEALTH WORKBOOK FOR COLLEGE FRESHMEN. By Kathleen Wilkinson Wootten. Published by Author, Milledgeville, Ga., 1933.

This loose-leaf outline for a practical course in personal, home, and community hygiene is the outgrowth of Mrs. Wootten's long experience as the Professor of Health in Georgia State College for Women. It deserves attention in this journal because all topics related directly or indirectly to sex are treated frankly as part of health in general, especially in the chapters on endocrine system, heredity, reproductive system, and social hygiene. The chapter on communicable diseases should include syphilis and gonorrhea, which are mentioned in other chapters. The diagram illustrating the descriptions of the male and female reproductive organs are useful because very few publishers of health books for undergraduates have dared print pictures which a beginner in anatomy can understand.

This workbook, as a whole, is commendable because it forces the student to work, and especially, to think. The weakness of most health teaching in colleges is that it is routine lectures or recitations, and usually planned to make it easy or popular. Here is a successful guide for work on a wide range of health topics with emphasis on the human interest, but it will not appeal to the numerous undergraduates who think that hard study is injurious to the health and happiness of modern students.

M. A. BIGELOW

HEREDITY AND ENVIRONMENT: STUDIES IN THE GENESIS OF PSYCHOLOGICAL CHARACTERISTICS. By Gladys C. Schwesinger (Edited by Frederick Osborn). New York: The Macmillan Company, 1933. 484 p. \$4.

The program of eugenics proposes, in one way or another, to encourage the reproduction of superior elements in the population and to discourage the reproduction of the inferior. But how are these two groups to be distinguished? How is "fitness" to be measured? And when it is found, how can one be sure that it is not mainly the product of opportunity, education, and good surroundings, not of inheritance? These are among the fundamental questions raised by eugenicists. Frederick Osborn of the Eugenics Research Association has set out to answer them, so far as possible, by

bringing together, comparing, and analyzing the enormous body of scientific data now available. The results will be laid on the table—any reader can draw his own conclusions.

The first contribution in this undertaking involves intellectual and temperamental traits. Under Mr. Osborn's direction, and with the aid of many specialists, Dr. Gladys Schwesinger has assembled the data and presented them cautiously but clearly. The techniques of measurement in this field are described, then the results of almost innumerable investigations are presented.

While the importance of good training is evident throughout, yet all the data point to the conclusion that intellectual differences are largely dependent on heredity. Temperamental differences, on the other hand,—the characteristics that make up what is loosely described as the personality,—are more affected by outside influences, though here again the underlying pattern is laid down in the germ-plasm, and not easily changed.

These conclusions are perhaps as important to the social hygienist as to the eugenist. Most of the radical criticism of marriage, for instance, proceeds on the tacit assumption that all individuals are equally able to make wise choices, and to order their lives in the light of pure reason. Anyone who looks around him without prejudice will see that this is not a valid assumption; and this book shows that it never can be a valid assumption. All proposals to substitute unfettered choice for social control must deal with the fact that a large part of the population, perhaps as large as 20 per cent, lacks intellectual or emotional elements that will enable it to make wise choices on individual responsibility. This 20 per cent cannot be allowed to damage itself, without entailing damage to the rest of the population. Every study of human nature serves to demonstrate anew the necessity for strong, intelligent, and sympathetic guidance in the field of social hygiene.

PAUL POPENOE

SEX IN THE PLANT WORLD. By Winifred W. Robbins and Helen Monosmith Pearson. D. Appleton-Century Company. 1933. \$2.00. One of the Appleton New World of Science Series.

With what enthusiasm this succinct account of sex in the plant world will be welcomed by teachers and lecturers who believe in the need for a fundamental biological background for sex instruction!

In these one hundred and eighty pages of readable type and unusually excellent diagrams and illustrations one finds a wealth of material which has been available only by long and patient culling from books dealing largely with other phases of botany.

The chapters dealing with the important matter of birth as a fundamental characteristic of *all* life lay a foundation on which all

teaching in the early phases of social hygiene may be built. With this viewpoint thoroughly established we shall have disposed of one of our most difficult problems, for one cannot grow overly emotional over something which is universal rather than personal.

Chapter by chapter we learn, through well chosen examples, how sex functions among the simpler forms of plants and, what appears to many as a startling fact, reproduction without sex, parthenogenesis or "virgin birth." Parthenogenesis is common among many plant forms as well as some animals. Bees and aphids, for example, among quite complex insect organisms reproduce asexually. The male bee has long been known to have no father and generation after generation of aphids are born from the stem mother alone. Among the composites such as the familiar dandelion, daisy, and sunflower we discover similar asexual reproduction.

It is refreshing to get a brief résumé of the historical discovery of sex in plants from the days of Theophrastus with his story of the "caprification" of the fig and artificial fertilization of the date palm which vaguely foreshadowed the idea of sex in plants, to Pliny who again uses the classical examples of the fig and date, and down to the middle of the last century when in 1856 Pringshim actually saw the moving spermatozoön of the common freshwater alga, *Cedogonium*, force its way within the egg cell and unite with it. Today we are familiar with the mysterious secrets of heredity not only through the aid of the microscope as a result of the excellent work of many later scientists of the present century but we may also see on the screen the wonders revealed in such motion pictures as Mr. Pillsbury and others have prepared for us through endless experiment and patient skill.

It is a real pleasure to find more and more writers who are not only recognized authorities in their special field of science but who can also express themselves in understandable language and a readable style that holds the attention of the lay reader.

BERTHA A. CADY

APPLIED EUGENICS. By Paul Popenoe and Roswell H. Johnson. New York: Macmillan Company, 1933. 429 p. Ill. \$2.60.

This is an extensive and thorough revision of the famous book written by the authors fifteen years ago (1918). It is interesting and significant as to the stability of the general facts and principles of eugenics that, aside from bringing in a great mass of new evidence concerning the application of the laws of heredity to the human race, there is no radical change in the book. Any one who happens to read the first edition may still gain a good knowledge of the subject. In short, the first edition is out of print, but it is not out of date except in details which do not affect the essentials in which the general reader is interested.

The book in this revised form is most useful as a college reference book in courses in sociology and social biology. It will also be interesting to the general reader who has first read such a popular book as Dr. Popenoe's *The Child's Heredity*. The authors have made the book more strictly a book of eugenics by leaving out many of the

general references and adding a list of 175 well selected references to original publications.

M. A. BIGELOW

THE CREATIVE HOME. By Ivah Everett Deering. New York: Richard R. Smith, Inc., 1932. 180 p. \$1.50.

"It is well to play often together at home, but it is better to glimpse the values in that play, and choose the kind of play which harnesses the energy of youth and saves the soul of the home."— (Deering.)

Many books have been written on home life—some on recreation for the home. *The Creative Home* is the first book we have read, which while practical and rich in suggestions, reveals in the unspoken as much as the spoken philosophy, of its author, the very essence of the joyous, resilient, constantly flowering home life. It reveals that alert, informed, but concealed watchfulness that is necessary on the part of parents to discover the native powers of their children, and the light, but restrained and unobtrusive leadership required, in fostering and developing these powers through creative play—not children's play alone, but family play as well.

If your home life be drab, if it lacks bounce and if you possess or will acquire the will to do *The Creative Home* points the road and gives the landmarks for a home life of richness and deep joy.

In an excellent introduction, Joseph Lee says, "In her detailed statement of what and when and where, the author shows remarkable sympathy and understanding. She seems to have visited with Froebel and other explorers the still uncharted world of childhood and has brought back precious information. She shows the vital importance of appreciation; not exaggerated praise, but confirmation, that social acceptance of achievement that everybody needs. She shows how a little suggestion at the right moment may be decisive of a great development and how a very little more is often fatal. She makes you feel the all important truth that more harm may be done by interference, with the best intentions, than even by neglect.

"She shows upon the other hand, how a little indifference, a very slight rebuff—being too busy to listen at the one moment when the story can be told—may cause a permanent discouragement; how very easily these first buds are checked; how laughing at a child—the thoughtless grown-up laughter so naturally called forth by the ludicrous discrepancy between the reality at which he aims and his performance, of which so many of us have been guilty—may mean the permanent losing of our chance—and his. She shows the supreme value of forbearance, the sacred use of let-alone.

"The service thus modestly set forth is that of guide to the heart

and impulse of the child, that of a textbook on how to encourage in him the spontaneous authentic expression of those spiritual forces that are the essence of his life, the germ of everything he is to be."

J. W. FAUST

THE GROWTH OF LIVING THINGS. A First Book of Nature Study.

By E. Cheesman. New York: McBride, 1932. 192 p. \$2.00.

Written for the fourteen-year-old, this text deals with such topics as the beginnings and continuity of life, how the sense-organs work, preparations for the next generation, evolution of a mother and a father, the love of others. With the objective of getting the child to consider himself a part of the living world, the author evolves the principles of living, through accounts of activities and mechanisms of insects and animals. Although it is a bit heavy here and there, it is for the most part simple, logical and full of examples. It is to be regretted that material for the puberal child could not have included something about animal and human reproduction.

N. W. EDSON

BOOKS ON LEGAL AND PROTECTIVE MEASURES

ON THE SIDE OF MERCY. By Alice Davis Menken. New York: Covici, Friede, 1933. 224 pp. \$2.00.

This book deals with welfare service based on a philosophy. "We must seek a *balanced* philosophy of life" the author says. "We must live to make the world worth living in, with new ideals, less suffering, and more joy. . . . In this way the new generation, maturing during these years of depression, will be cheered to action and taught something of human and spiritual values." Mrs. Menken firmly believes that there is an upward trend in solving problems in delinquency. Perhaps the most interesting way to indicate the nature and value of this contribution from one who has had such an exceptional and varied experience in this field, is to quote from the introduction by Herbert H. Lehman, Governor of the State of New York.

"Social service used to be based on emotions directed, more or less intelligently, towards the ills of society. Sometimes it was a service; other times it was only a gesture. At any rate, its spasmodic character robbed it of real effectiveness. It needed organization; it needed to develop its own technique. Gradually it was discovered that merely being nice and kind wasn't a sufficient background for doing work in this field.

"In expanding her thesis, in illuminating her ideals of service, Mrs. Menken reveals the essence of the new penology. It is therapy,

not punishment. Nowadays the delinquent goes on the sick list. He is a case for treatment, and the regimen, based on sympathy and an understanding of the faulty conditions producing him, varies with the patient's needs and not according to an arbitrary scale of penalties.

One of those pioneer volunteer workers, a woman who helped to elaborate the technique of social service, Mrs. Menken (it is significant to note) believes that no delinquent is incorrigible, *provided* the correct treatment adequately administered is found. Possibly this is being oversanguine, and some may not agree that all human beings are susceptible to moral therapy. Mrs. Menken, however, speaks out of a vast experience, with countless successes to her credit. She believes that failure in a case will be practically impossible when the technique of social service is perfected.

The author points out through selected case references the complexities of social help and social control of individuals who are out-of-step with prevailing views and customs in their respective communities. Of particular interest are the chapters which deal with maladjusted youth and the influences of the underworld. The progress of social justice toward the realization of a new day, with prisons and probation at their best and in their proper relation to all the educational and welfare forces which should precede or follow them, is visualized for the readers in a manner calculated to enlist them in support of greater public effort "on the side of mercy."

Incidentally mention should be made of the appendices which present data and organization suggestions of value for any who may be moved to duplicate in their cities the notable work of Mrs. Menken and her associates.

WILLIAM F. SNOW

THE FAMILY AND THE STATE—SELECT DOCUMENTS. By Sophonisba P. Breckenridge and Samuel Deutsch, Professor of Public Welfare Administration, University of Chicago. University of Chicago Press, 1934. \$3.50. (565 pages, including a very detailed and useful introduction and table of contents, an appendix consisting of a selected bibliography on the subjects discussed and an index.)

As stated in the Preface "the documents in this volume have been collected in an attempt to provide material for illustration and discussion in a professional school of social work of the problems presenting themselves in relation to the marriage relationship and the institution of the family, as that relationship and that institution especially concern the social worker."

The reader will find, as the author explains, that "many aspects of the problem of the family in modern society are entirely outside the range of the documents selected." They consist largely of laws,

judicial decisions, documents selected from Parliamentary Debates, from authoritative commentators, and from the reports of recent commissions set up to make recommendations regarding the improvement of those conditions out of which special problems of child life have emerged. "These sources are used rather to indicate the general body of opinion than as authorities on the precise law."

This volume, "like the four preceding collections of documentary and case-record material in the 'Social Service Series' represents an attempt to provide material for one of the basic courses in a professional school of social work." The hope is expressed therefore by the author that "another volume of documents dealing with *Social Work and the Courts*, which will appear at a fairly early date, may be consulted together with this volume by those who are considering the development of social work curricula."

The material selected is discussed under nine sections as follows:

Section	I. <i>Marriage and Divorce Legislation</i>
Section	II. <i>Reciprocal Rights of Husband and Wife Each in the Person of the Other</i>
Section	III. <i>Property Rights of Husband and Wife</i>
Section	IV. <i>Parent and Child</i>
Section	V. <i>Guardianship</i>
Section	VI. <i>Apprenticeship</i>
Section	VII. <i>Adoption</i>
Section	VIII. <i>Illegitimacy</i>
Section	IX. <i>The Termination of the Marriage Tie Otherwise than by Natural Death</i>

The author's introduction to the volume is especially valuable to the student, and incidentally to the reviewer, as it indicates in illuminating fashion the scope of the work, and points out these subjects on which there is already a fairly wide agreement on the part of social workers and also those which are still in the experimental or controversial stage.

The author calls attention again in the Introduction to the fact that "the point of view of the student of these documents is that of the prospective social worker who will be called on to counsel and assist in the most difficult and distressing experiences of family life, having in mind the possibility of rescuing from the wreckage all possible values for all members of the family group. The purpose is very different from that of the lawyer; and the materials, while to an extent identical with those presented in a volume on the Law of Domestic Relations, must contain many other kinds of suggestive documents."

While the student of social work will not always find in this collection of documents material which can be applied without further research to the solution of individual cases in selected states, she will find them invaluable in obtaining without too great a cost in time and energy a grasp of the origin, development and complexities of the problems with which she will later be called upon to deal.

While the author has, as she has repeatedly pointed out, prepared this collection for the use of professional students of social work, the reviewer, as a lawyer himself, cannot let the occasion pass without calling the attention of his fellow lawyers to the benefits which might accrue to their clients and to the increased esteem in which lawyers might be held by the public if they were thoroughly grounded from

their student days, not only in the legal rights and obligations of their prospective clients, but also in the principles of social justice and family welfare discussed in such documents as are contained in this volume. If candidates for the Bar were so trained, the welfare of society and of the family, as its most important institution, would doubtless then receive at the hands of legislators, and judges, most of whom are lawyers, and of the members of the Bar as a whole that attention and consideration, the lack of which has thrown such great and often needless burdens upon the social worker.

BASCOM JOHNSON

FIFTY YEARS WORK WITH GIRLS (1883-1933). A Story of the Florence Crittenton Homes. By Otto Wilson in collaboration with Robert Smith Barrett, President of the National Florence Crittenton Mission. The National Florence Crittenton Mission, Alexandria, Va., 1933. 513 p.

As Mr. Wilson says in his Foreword, it is a "memorial volume" and of great interest in recalling to those of the workers in the last decade, the progress of the activities as established by Charles Crittenton. It also brings to the fore today the results of human experience for the protection and the rehabilitation of the woman who voluntarily seeks shelter or who is referred by an agency. Many young women, disillusioned, drifting without hope, headed for an unsuccessful career, have been prepared by the work of the Florence Crittenton Mission to realize some of youth's ambitions and to become assets in their various communities instead of social waste.

The book gives a chronological account of all the national homes and interwoven throughout, is an interesting sketch of the woman whose indefatigable efforts helped to provide funds for the maintenance of the work—the late Kate Waller Barrett. The day may come in the next decade of social work where preventive service, such as a "new deal" for the underprivileged girl at home, in the school and in recreation will gradually eliminate the need for the upkeep of so many Homes. Public agencies may come to the fore and utilize more of their resources to solve the problems of adjustment for friendless and homeless women. But while social ills exist, there will always be a need in some communities for a Home conducted under private auspices with a wealth of welfare activities for the morally handicapped.

This book will be widely read by those who seek interesting historical data on the work of the Florence Crittenton Missions.

ALICE D. MENKEN

THE THEORY OF PLAY. By Elmer D. Mitchell and Bernard S. Mason. New York: A. S. Barnes & Co., 1934. 547 pages. \$2.80.

In 1923 Bowen and Mitchell brought out their *Theory of Organized Play* which reviewed the traditional concepts of play and described the organization of play activities. In this new volume, Mitchell and Mason not only review the old theories but offer one of their own, accompanied by an interpretation of the need for play and its practical administration. They have made a valuable contribution to

teachers, students, physical directors, recreation leaders and social workers.

The authors' theory briefly put is "self-expression for its own sake. The individual, being what he is, with the habits and attitudes he has, with the motives and desires he has, seeks life, seeks expression." From the point of view of both the individual and modern social practice, this theory seems to me decidedly more useful than the older theories.

The question of boy and girl relationship in play, with all its implications for social hygiene, is given theoretical recognition, but is otherwise slightly treated. "It is good social training," says the authors, "to have the sexes play together part of the time, but such a situation calls for a thoroughly competent and informed teacher with good judgment, and necessitates a program limited to such games as volleyball, playground ball, tennis, hockey, and the not-too-strenuous group games. In the interest of social education, the two sexes should be brought together as much as possible in the non-physical types of recreation, such as dramatics, music, handicraft, social dancing, and social functions."

The tendency to bring the sexes together in play at the college age level is also noted and it is pointed out that the play activities of the two sexes are more similar during maturity than at any other time except early childhood.

Yet in the very useful 243 pages given to administration the reader will look in vain for a discussion of planned activities in which boys and girls share. After all, this is not surprising since most recreation leaders in both municipal and private agencies have not addressed themselves seriously to planning joint activities for boys and girls from say eleven years upward to early maturity. We need thinking, writing, and program building in this field.

The book deals primarily with physical play and is largely confined to children's interests. Nevertheless, as I suggested at the outset, it is an excellent contribution to a field which is now rapidly expanding, and it deserves wide use.

WEAVER W. PANGBURN

BOOKS ON MEDICAL AND PUBLIC HEALTH MEASURES

THE TIDES OF LIFE. R. G. Hoskins, Ph.D., M.D. New York: W. W. Norton and Company, 1933. 352 p. \$3.50.

The endocrine glands and the hormones as chemical regulators of body processes are subjects of frequent conversation today among laymen as well as physicians. Professor Hoskins as a scientist, member of the Harvard medical faculty and research director, is eminently

qualified to present this subject. The Norton Company has rendered a great service to the public in securing this fascinatingly written and authoritative statement of endocrinology and the influence of hormone secretions on human life. These secretions consist of chemical substances released into the blood stream by the thyroid, pituitary, and adrenal glands, the ovaries and testes, and other glands including even such organs as the liver and pancreas.

No brief review of this book for present purposes can do much more than say that it should be read by both doctors and laymen. While the author, of course, sticks to conservative scientific statements and views, he succeeds in presenting them like the events of a colorful biography. If one does not always understand just what he says, one at least knows what he is talking about. The doctors and the public just now need this kind of book to give them the common ground of language and understanding so necessary in applying the results of research along these lines to human health and welfare. As in all important discoveries—important to physiology and therapeutics—there is danger of exploitation of the public by charlatans and well-meaning but incompetent pseudo-scientists. In fact much damage has already been done in this manner. This is true particularly of the sex glands and their functioning.

This book ought to be in all collections of source material for social hygiene agencies and in as many private libraries as possible.

W. F. SNOW

SEVENTY BIRTH CONTROL CLINICS. Caroline Hadley Robinson. Foreword by Robert Latou Dickinson. Baltimore: Williams & Wilkins, 1930. Pp. xx, 1-351. \$4.00.

So far-reaching are the implications of contraception for modern world affairs that it may conservatively be said that the economist, statesman, sociologist, lawyer, physician, or social worker who fails to inform himself on its essential relations to his special field of knowledge or activity deserves to lose professional standing among his colleagues. Increasingly this is becoming a reality which physicians especially are finding they must face.

While it is perhaps true to say that the social hygiene movement abroad has, for various reasons, been more ready than the corresponding groups in this country, to cooperate with birth control leaders, there have been advantages and disadvantages in taking a conservative position. Though it is not my purpose to survey these in detail certain factors stand out. Perhaps one of the chief reasons for the prevalence of conservative views here has been the fact that the American birth control movement has only recently emerged from an exclusively propaganda stage in which science played a small

share. Thoughtful social hygienists have, therefore, been less friendly toward birth control than needful; they have held off because birth control was such an unfortunate mixture of truth and quackery. Lately, however, a certain infusion of the scientific spirit has taken place which makes the older position less justified. The evidence need not concern us; but is a fact. The belated emergence of scientific contraception has not been caused essentially by a reaction against noisy propagandists; it has been due rather to the slowness with which the mores change. When one considers that contraception, which is many thousands of years old, made little progress until 1800, the rapid changes of the past one hundred years—especially of the few decades stand out as unparalleled, epoch-marking, cataclysmic.

Perhaps another reason why American social hygienists have been more indifferent toward cooperating with the birth control movement in this country than have been their English and German colleagues lies in the existence of a more stringent sexual code here. It is probably true to say that foreign workers have shown in this respect a better capacity to see their problems whole, and that we in this country have been perhaps unduly fearful of mixing supposedly antagonistic goals.

The social hygiene worker will find it profitable to sift the veritable avalanche of literature on birth control now pouring from the press. One of the best general surveys with which to begin is Mrs. C. H. Robinson's *Seventy Birth Control Clinics*, the first monograph in the series being issued by the National Committee on Maternal Health. There is not only much theoretical discussion in the volume in relation to the social and economic implications of birth control from the standpoints of quantity and quality of population, but the book contains much practical information of value to thoughtful social workers. Such, for example, are the discussions of the staff, organization, case procedure, financing and planning of clinics. There is a mine of statistical data here culled from clinical reports, records, and the articles of others who published such data on the clinics here and abroad. A good bibliography has also been added. Especially of practical value is the list of clinics (with locations). There is a summary of legislation and of medical and religious opinions.

That such a comprehensive survey should be produced without minor errors is not to be expected in a new field. The wonder is that they are so few. One may not always agree with some of the inferences or conclusions. But here again, criticism must be tempered with appreciation of special difficulties. What the review misses most is "close" reasoning. Some of the theoretical topics

seem to require this; but limitations of space necessitated sketchy treatment of many topics by the author.

Whatever the limitations of the present volume, it is probably the most comprehensive survey of the subject published in any language. Few dealing with social questions can afford to neglect its perusal.

NORMAN E. HIMES

AN INTRODUCTION TO DERMATOLOGY (2nd Edition). By Richard L. Sutton, M.D., Sc.D., LL.D., F.R.S. (Edinburgh) and Richard L. Sutton, Jr., A.M., M.D., L.R.C.P. (Edinburgh). St. Louis, Missouri: C. V. Mosley Co., 1933. 541 p. \$5.00.

In the United States syphilis by tradition lies in the domain of the dermatologists. Among skin conditions it is one of the most important both because of its prevalence and its gravity. Furthermore it is a disease of which the skin lesions ordinarily respond quickly to specific therapy. It is satisfying to find a brief and practical work on dermatology intended for medical students devoting a fair proportion of its 541 pages of text to the presentation of this subject, and emphasizing modern methods of diagnosis and treatment.

The traditional "venereal diseases" are syphilis, gonorrhea and chancroid. To these should certainly be added granuloma inguinale and lymphogranulomatosis inguinalis which are believed to be spread primarily if not exclusively by sexual intercourse. All of these diseases are sometimes skin diseases, even gonorrhea having at times an associated skin manifestation. These five diseases are dealt with by the authors on the basis of their skin manifestations.

A fair number of other skin diseases are often spread by sexual contacts as, for example, scabies and pediculosis. In fact, scabies is considered in some countries a "venereal" disease. Actinomycosis is a disease which may affect the skin but, as Barringer has shown, is by no means rare as a vaginal infection.

The medical student in his study meets certain diseases in practically every branch of medicine. Thus he encounters syphilis in his studies of internal medicine, ophthalmology, obstetrics, pediatrics, surgery, otorhinolaryngology, psychiatry, and dermatology; he encounters gonorrhea under the caption of urology, gynecology, ophthalmology, pediatrics and even dermatology; and so on through the list. The desideratum, of course, is that wherever and whenever he is presented with the facts regarding diseases he be impressed with the part that he must play as a practitioner of the art and science of medicine. This book endeavors with fair success to perform this function.

The book is well illustrated and has a very serviceable index. A feature which will be appreciated by medical students, preparing for examinations, is its brevity.

WALTER CLARKE

A CITY SET ON A HILL. By C.-E. A. Winslow, Doubleday, Doran & Co. 367 p. \$3.00.

One of the books which readers will have great pleasure in reading is Professor Winslow's *A City Set on a Hill*. It has not been

specially reviewed because of present day limitations of funds for allotment to the JOURNAL; but it requires mention in lists of books every one interested in health and medical welfare should read. It is a study of the scientific and sociologic values of the health demonstration conducted in Syracuse as the medium sized city in the series of demonstrations financed chiefly by the Milbank Memorial Fund. It is also commended, however, for its charm of presentation and its suggestion of practical ideas for the improvement of health in all our cities.

Many will remember the volume by the same author *Health on the Farm and in the Village*, which dealt with the rural area demonstration in Cattaraugus County. These two books present the philosophy and the practice of life-saving and conserving through health administration and education. They belong properly in all health libraries. The data and handling of the problems of syphilis and gonorrhea place these diseases squarely in the balanced program for public health; and indicate the interrelations of the health officer, physician, nurse, social worker and patient in applying the program to community life and welfare.

W. F. SNOW

HEALTH AND ENVIRONMENT. By Edgar Sydenstricker (Recent Social Trends Monographs). McGraw-Hill Book Company, Inc. New York and London. 1933. Pp. xii+217. Price, \$2.50.

This is one of the series of valuable monographs prepared under the direction of President Hoover's research committee on social trends. As one would anticipate from its author it is an admirably clear and comprehensive and authoritative document. Dr. Sydenstricker reviews in this brief volume the best available data as to the incidence of illness and disability in the American population, and then proceeds to analyze the effects upon mortality and morbidity of urban and rural environment, economic status and occupational environment. He then considers the trend of mortality during the past century and shows how this trend has been affected by urbanization and industrial development on the one hand and by public health work, medical organization and rising social and economic standards on the other. His concluding chapter shows that while fundamental differences in expectation of life due to hereditary factors exist there is also ample evidence of the influence of environment upon life and health. He finds no reason to believe that the remarkable decline in mortality at the early age periods has resulted in weakening of race stock and ends with the prediction that

"to an increasing extent we shall strive through social action to determine what our environment and our heredity will be. What is needed is more knowledge, dispassionately collected and scientifically analyzed with a wholesome respect for the complexities of human society and of the individuals who compose it, to form a sound basis for the conscious control of our destinies."

Dr. Sydenstricker's survey represents a satisfactory and definitive summary of the major facts with regard to the influence of environment upon health as we knew them in 1933. It should be an inval-

uable source of reference for the public health worker. One can only wish that its publication might have been delayed for a year in order to include Dr. Sydenstricker's own recent contributions with respect to the effect of the depression which have thrown such a flood of light upon the problems involved.

C.-E. A. WINSLOW

THE SEAMEN'S HANDBOOK FOR SHORE LEAVE. Compiled under direction of Mrs. Henry Howard. New York City. American Merchant Marine Library Association, 1931. 50c.

The fourth edition of this little volume, published by the American Merchant Marine Library Association in 1931, is very much worthy of note. It fills an important and urgent need. Its purpose is to promote "an efficient and contented personnel on shipboard," and to furnish the seaman "sailing directions when going ashore." Herbert Hoover in a letter of approval says, "By furnishing our seamen with a practical guide giving concise information about living quarters, amusements and resources available to mariners while in a strange country, much should be accomplished to counteract the temptations peculiar to seaports, to raise the standard of our seamen and to assist them when in distress in foreign ports."

The introduction says "A remarkable feature of the handbook is that it now comprises the most complete list of hospitals and clinics throughout the world available in any publication." The value of this information is obvious. From a cultural point of view an important feature of the handbook is its guidance relative to the points of interest easily reached. It will do much to lessen the confinement of the seaman's shore leave to the water front, and to enlarge his interests and experiences.

The handbook lists the shipping lines and vessels carrying physicians. It gives the monetary units of the various countries and their par value in the United States currency. The bulk of the book is taken up with information for each country about hotels; seamen's homes, their services and rates; seamen's banks; seamen's agencies; legal aid; hospitals; venereal disease clinics; physicians; dentists; laundries; amusements; points of interest; and excursions. The handbook is doubtless of inestimable service to the seaman.

MAX J. EXNER

RED MEDICINE: SOCIALIZED HEALTH IN SOVIET RUSSIA. By Sir Arthur Newsholme and John A. Kingsbury. Doubleday, Doran Company. 324 p. \$2.50.

This book is really one of a series dealing with the practice of medicine and the problems of medical care under all the widely varying conditions of European Countries. In many ways it is the most

interesting of the series and is an intensely human narrative of a great experiment; and being the latest publication in the series it offers immediate opportunity for comparison with the reports on other countries. The importance of the Milbank Fund's contribution toward medical progress through the financing and promotion of these studies by Sir Arthur Newsholme, Mr. Kingsbury and their associates, cannot be overestimated. Their training and experience with public health as well as medical practice has ensured adequate consideration of the inevitable interrelations and correlation of these two outstanding phases of health conservation and rehabilitation.

The descriptive statements of the single unit system of medical services for the whole population, planned to provide adequate diagnosis, treatment and after care for all illnesses, are clearly and most entertainingly written. The accounts of arrangements for taking the patient to distant facilities when such action is necessary, as in many child health and communicable disease conditions, are pertinent and suggestive in connection with present experiments and studies of the costs of medical care in our United States. It will be obvious to the reader that the socialization of medicine in Russia has not yet reached the rural populations, and requires further study and revision to meet the needs of the nation as a whole.

It is not feasible to review properly such a book in this JOURNAL. Suffice it to say that the treatment and prevention of syphilis and gonorrhea are considered not only as medical entities, but as problems which involve social insurance, maternal health, industry, marriage, and permanent custodial care. The members of this Association also will be interested in the pictures of marriage and divorce, practices of abortion, attitudes towards prostitution, and sex education, which have been drawn as a background for discussion of health and medical problems. The book is clearly one which all libraries should have for reference and popular circulation, and which all individuals can with profit add to their personal collections.

W. F. SNOW

A GUIDE TO BIRTH CONTROL LITERATURE. Norman E. Himes. Noel Douglas, London. 1931. 3 s. 6 d. net. 46 p.

This little book is a bibliography of birth control literature in English and some foreign languages. An introductory chapter outlines the author's method of selection of material, and the basis on which his choice was made. The bibliography which is intentionally rather brief, is grouped under three headings: "Technique: American and English Literature"; "The Economic and Social Background of Birth Control"; and "Continental Literature on Technique." In the first and third parts the author has indicated those references which he considers of most practical value; he has made no attempt at critical comparison of the material which makes up the second part. Among the foreign-language references, those in German are much the most numerous. Nothing in French or Italian is thought of sufficient value in the addition of new ideas to be included. Mr.

Himes has succeeded in his evident purpose of preparing a practical and sufficiently full guide in a form that should be useful to the busy physician, sociologist, or informed layman having need for such a reference book.

RUTH BORING THOMAS

A THOUSAND MARRIAGES. A medical study of sex adjustment prepared under the auspices of the National Committee for Maternal Health. By Robert Latou Dickinson and Lura Beam. The Williams and Wilkins Company, Baltimore. Price \$5.00.

In the April, 1933, *Wilson Bulletin for Librarians* appears a list of the *Best Books of Yesteryear*—July, 1931—December, 1932. They are so called because they have viability, the stuff of which libraries are builded. Thirteen titles are given, one of them being *A Thousand Marriages* with the comment, "A thoroughly sound scientific treatment of a subject almost entirely surrounded by sentimentality and emotionalism."

The subsequent reception accorded this volume indicates that many persons have had the feeling which Dr. Dickinson expresses in the following words and that the study will continue to be of service to students of the family:

"The purpose of this work for the detail of success or failure in sex adjustment is the eventual making of useful schedules for sex education, for premarital medical instruction, and for texts on conjugal hygiene. Such a study and such a program are part of the new field of preventive gynecology and protective medicine. The sole method for planning intelligent prevention and treatment of maladjustment in marriage is systematic study of full case histories of success and failure. Though only 4 per cent of the marriages studied in this survey came to the point of divorce or separation, nearly half showed some degree of difficulty.

To define disorders specifically is the first step toward a program of forestalling them: in this case, by sex education of parents and educators, of children and adolescents and engaged couples; and by careful premarital examination, and by the prompt recognition that is necessary for cure.

So far as emotion and clamor of complaint push to the front of the stage, this analysis is likely to take its place as one of the studies of unhappiness in marriage. But this is not actually or statistically the case and the figures deny it. Moreover, it must not be forgotten that, of the maladjustments here shown, many are passing or relieviable, and most are preventable.

Physicians face a medical obligation toward further intensive inquiry and toward the training of a personnel equipped to conduct the marriage advice center, and to teach in the physician's office chair. We must do our part to prevent the preventable, and to foster successful and stable unions."

E. B. R.

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SWIFT, EDITH HALE, M.D. *Building a family consultation service.* Journal of social hygiene, 19:367-74, October 1933

THOM, D. A. *Adolescent adjustments.* Child study, 11:143-45, February 1934

VORSE, MARY HEATON. *Children come home to roost.* Woman's home companion, 61:14, February 1934

WATSON, GOODWIN. *Education for new homes and new economics.* Journal of home economics, 25:651-9, October 1933

Marriage

LATHROP, J. H., D.D. *The minister and marriage.* Journal of social hygiene, 20:189-97, April 1934

MAUROIS, ANDRÉ. *Reflections on marriage.* Scribner's magazine, 95:35-6, January 1934

NEWLIN, NEAL D. *When young people think of marriage: some suggestions for parents.* Adult Bible class magazine (Boston), 28:268-9, June 1934

STURGIS, I. L. *The first year of marriage.* Harper's magazine, 168:405-13, March 1933

Education for Marriage

GROVES, E. R. *Courtship and marriage.* Mental hygiene, 18:26-39, January 1934

DENNIS, LEMO T. *Trends in teaching child development and family relationships in the high school.* Journal of home economics, 25:701-2, October 1933

- DICKERSON, R. E. *Youth blazes a new trail.* Journal of social hygiene, 20:225-31, May 1934. Reprint, Pub. 883
- HYPES, J. L. *An integrated view of the homemaker's responsibilities and education therefor.* Journal of home economics, 25:763-69, 852-60, November-December 1933
- MCGINNIS, ESTHER. *Education for parenthood.* National education association journal, 22:229-30, November 1933
- MILLER, E. *Education for family living in a changing world.* Journal of home economics, 26:1-5, January 1934
- THURSTON, FLORA M. *Human factors in education for home and family life.* Journal of home economics, 25:703, October 1934
- WILE, IRA S., M.D. *Education for marriage in the present social and economic order.* Hospital social service, 28:139-43, August 1933

Sex Education

- DILLON, MIRIAM SCOTT. *Attitudes and practices of parents in sex education of children.* Journal of home economics, 28:845-51, December 1933
- EDSON, N. W. *Youth's dilemma.* Parents magazine, 9:11, March 1934
- GRUENBERG, B. C. *Sex questions—asked and unasked.* Child study, 11:74-77, December 1933
- PILEL, CECILE. *A new approach to sex education.* Delineator, 123:12, October 1933
- POPENOE, PAUL. *Social life for high school girls and boys.* Journal of social hygiene, 20:244-48, May 1934
- RICE, T. B. *Sex education; a series of ten illustrated articles.* Hygeia, 11:585-8, 722-6, 801-4, 923-6, 1005-8, 1105-8, 12:32-5, 132-5, 242-5, 315-18, 371-72, July 1933-April 1934
- WOLF, A. W. M. *New ideas on sex education.* Parents magazine, 9:18-19, May 1934
- Sex education and the parents' point of view.* Journal of social hygiene, 20:257-58, May 1934
- Sex instruction in public schools.* I, by W. W. Beatty. II, by B. C. Gruenberg. III, by H. W. Smith. Journal of social hygiene, 20:232-43, May 1934. Reprint, Pub. 887
- WILE, IRA W., M.D. *Sex education in relation to mental and social hygiene.* Mental hygiene, 18:40-50, January 1934

SOCIAL HYGIENE BOOKLISTS OF THE YEAR

- The social hygiene bookshelf; a selected list of social hygiene books for home and public libraries.* Journal of social hygiene, June 1933. Reprint, Pub. 838. Free (edition out of print)
- Readings and references of current and historical value in relation to social hygiene protective measures, prostitution and law enforcement.* Journal of social hygiene, December 1933. Reprint, Pub. 866. Free
- Social hygiene books and pamphlets specially selected for teachers, parents and young people.* Journal of social hygiene, 20:27-72, May 1934. Reprint, Pub. 893. Free
- The social hygiene bookshelf for 1934: a list of social hygiene books and pamphlets for home and public libraries.* Journal of social hygiene, June 1934. Reprint, Pub. —. Free
- Books on social hygiene; an annotated list of social hygiene books,* American Social Hygiene Association. Pub. 794. Free
- Social hygiene for nurses, a folder with a classified list of materials especially selected for assistance to the nurse.* (Single copies, free, \$1.00 per hundred.) Pub. 884

Unless otherwise indicated reprints and pamphlets are 10 cents each, 80 cents per dozen, \$5.00 per hundred, \$25.00 per thousand. Single copies free to members.

THE SOCIAL HYGIENE BOOKSHELF FOR 1934

A Selected List of Social Hygiene Books and Pamphlets for Home and Public Libraries

In response to constant requests for bibliographies the following lists of social hygiene books have been prepared. The need for selected lists is apparent in view of the fact that a very large proportion of publications in this field are unreliable and misleading, or advertised in ways calculated to exploit the public.

Many excellent publications dealing with special aspects of social hygiene or of a distinctly technical character are not included in these lists; and on the other hand some of those selected do not receive unanimous approval. The intention is merely to present a good working list. Books on psy-

chology, physiology, heredity and biology are not listed because they may be found under those headings in any public or college library.

The lists are arranged in three suggested groups, priced at \$10, \$25 and \$50 respectively, the total in each case representing a ten per cent discount from the list price of the group, if purchased through the Association. Transportation charges are not included. All pamphlet publications are ten cents each unless otherwise indicated. (See note p. 319.)

Other lists will appear from time to time as new publications are added.

A Minimum List

of Social Hygiene Books for a Small Library

For parents and teachers:

CADY, B. C. and V. M. *The Way Life Begins*. New York, A.S.H.A., 1917. 78 p. \$1.50. The beginnings of plant, animal and human life. Illustrated with colored plates.

GRUENBERG, B. C. *Parents and Sex Education*. New York, Viking Press, 1932. 100 p. \$1.00. A book of fundamental importance to all parents, with special assistance for parents of young children.

BROWN, HELEN W. *Sex Education in the Home*. Pub. 844.

GALLOWAY, T. W. *A Formula for Sex Education*. Pub. 778. 5¢.

For children:

DESCHWEINITZ, KARL. *Growing Up*, the story of how we become alive, are born and grow up. New York, Macmillan, 1928. 111 p. \$1.75. Dependable, accurate, suitable for all ages.

For early adolescence:

DICKERSON, R. E. *Growing Into Manhood*. New York, Association Press, 1933. 100 p. \$1.00. For boys twelve to fifteen.

HOOD, M. G. *For Girls and the Mothers of Girls*. New York, Bobbs-Merrill, 1914. 151 p. \$1.75. An old favorite, still the best in its field.

ARMSTRONG, D. A. and E. B. *Sex in Life*. Pub. 52.

EDSON, N. W. *From Boy to Man*. Pub. 626.

Health for Girls. Pub. 831.

For young people:

ELLIOTT, G. L. and BONE, H. *The Sex Life of Youth*. New York, Association Press, 1929. \$1.00. A book for college students on the relation of sex attitudes and information to other aspects of student life.

SNOW, WILLIAM F. *Venereal Diseases—Their Medical, Nursing and Community Aspects*. New York, Funk & Wagnalls, 1924. 59 p. 30¢. National Health Series).

Health for Man and Boy. Pub. 839.

Women and Their Health. Pub. 840.

Marriage and Parenthood. Pub. 841.

EXNER, M. J. *Education for Marriage*. Pub. 692.

The Question of Petting. Pub. 853.

On family relations:

DENNIS, LEMO T. *Living Together in the Family*. Washington, D.C., American Home Economics Association, 1934. 187 p. \$1.10. A text for the high school age, readable, interesting for adults and adolescents.

On marriage:

SNOW, WILLIAM F. *Marriage and Parenthood*. Pub. 841 (see above).

Popular health instruction:

PINNEY, JEAN B. *Social Hygiene Education in a City of Medium Size*. Pub. 854.

On medical measures:

KEYES, EDWARD L. *Social Hygiene and the General Health Program*. Pub. 862.

SNOW, W. F. *Venereal Diseases* (see above).

Social Hygiene and the Prevention of Blindness. Pub. 782.

On legal and protective measures:

ADDITON, HENRIETTA. *A Protective Measures Program*. Pub. 858.

FLEXNER, ABRAHAM. *Regulation of Prostitution in Europe*. Pub. 7.

JOHNSON, BASCOM. *Prostitution in the United States*. Pub. 857.

Substitutes for Vice. Pub. 888.

Community organization:

Suggestions for Organizing a Community Social Hygiene Program: With questions suggesting how a picture of social hygiene conditions may be obtained. Pub. 889.

All the books and pamphlets on this list for \$10.00.

A Larger List**of Social Hygiene Books**

For a larger library the following books may be added to the preceding list:

For parents and teachers:

BROOKS, FOWLER D. *The Psychology of Adolescence*. New York, Houghton Mifflin Co., 1930. 652 p. \$3.00. A comprehensive study of normal adolescence, with many charts and graphs.

STRAIN, FRANCES BRUCE. *New Patterns in Sex Teaching*. New York, Appleton-Century Co., 1934. \$2.00. From many concrete examples, the author shows how parents may meet unusual as well as common situations in satisfactory ways.

For children:

TORRELL, ELLEN. *Plant and Animal Children—How They Grow*. Boston, Heath, 1912. 230 p. 96¢. An interesting text, profusely illustrated.

For young people:

DICKERSON, R. E. *So Youth May Know*. New York, Association Press, 1930. 255 p. \$2.00. Prepared for the use of young people of sixteen years and older.

NEUMANN, HENRY. *Modern Youth and Marriage*. New York, D. Appleton & Co., 1928. 146 p. \$1.50. For older young people and adults.

VON SNEIDERN and SUNDQUIST. *Sex Hygiene: the anatomy, physiology, and hygiene of the sex organs*. Translated

from the Swedish by Mary E. Collett. New York, Henry Holt & Co., 1926. 114 p. \$1.75.

On family relations:

GROVES, SKINNER and SWENSON. *The Family and Its Relationships*. Chicago, Lippincott, 1932. 321 p. \$1.60. A study of the family of the present, prepared for adolescents, of interest to adults.

On marriage:

EXNER, MAX J. *The Sexual Side of Marriage*. New York, Norton, 1932. 252 p. \$2.50. For those who are or are about to be married.

Popular Health Instruction:

EDWARDS, MARY S. *Popular Health Education in Simplest Terms*. Pub. 872.

On medical measures:

WINSLOW, C.-E. A. *The Social Hygiene Program—Today and Tomorrow*. Pub. 832.

On legal and protective measures:

VAN WATERS, MIRIAM. *Youth in Conflict*. New York, New Republic Publishing Co., 1925. 293 p. \$1.00. Youth and the juvenile court.

Summary of the Report to the Council, Committee of Enquiry Into Traffic in Women and Children in the Far East. C.T.F.E. 606. 40 p. 25¢.

These books and pamphlets and the \$10.00 set for \$25.00.

A More Comprehensive List
of Social Hygiene Books and Pamphlets
for a Large Library

These publications may be added with advantage

For parents and teachers:

BEATTY, W. W. *Sex Instruction in Public Schools*. Pub. 887.

BIGELOW, M. A. *Adolescence: Educational and Hygienic Problems*. New York, Funk & Wagnalls, 1924. 60 p. 30¢. (National Health Series).

Sex Education. New York, Macmillan, 1916. 251 p. \$1.60. A standard exposition of the principles of this phase of education.

GALLOWAY, T. W. *Parenthood and the Character Training of Children*. New York, Methodist Book Concern, 1927. 224 p. \$1.00. A study course for parents on the relation of family life to the building of personal character.

POPENOE, PAUL. *Social Life for High School Girls and Boys*. Pub. No. 886.

THOM, DOUGLAS. *Normal Youth and Its Everyday Problems*. New York, Appleton, 1932. 368 p. \$2.50. The influence of the parent-child relationship in the maturing period.

WHITE, W. A. *The Mental Hygiene of Childhood*. Boston, Little, Brown, 1919. 193 p. \$1.75. A study of the origins of sex attitudes.

For children:

RICE, THURMAN B. *The Story of Life*, for children of ten. Chicago, American Medical Association, 1933. 25¢.

For young people:

ELLIS, HAVELOCK. *Little Essays of Love and Virtue*. New York, Doran, 1922. 187 p. \$1.50.

POPENOE, PAUL. *Modern Marriage*. New York, Blue Ribbon Books, 1925. 259 p. 1.00.

The essentials for successful marriage.

BEAVEN, A. W. *The Fine Art of Living Together*. New York, R. R. Smith, 1920. 176 p. \$1.50.

On family relations:

SPENCER, A. G. *The Family and Its Members*. Philadelphia, Lippincott, 1923. 322 p. \$2.50. The relationship of each member of the monogamous family as it changes to meet new social demands.

On marriage:

GROVES, ERNEST R. *Marriage*. New York, Henry Holt and Co., 1933. 552 p. \$3.50. A college text book on marriage, containing much illustrative material and interpretation for adults.

DE NORMANDIE, R. L. *The Expectant Mother*. New York, Funk and Wagnalls, 1924. 57 p. 30¢. (National Health Series.)

Medical Measures:

STOKES, JOHN H. *Dermatology and Syphilology for Nurses*. W. B. Saunders Co., 1933. 311 p. \$2.50.

Legal and Protective Measures:

FLEXNER, ABRAHAM. *Prostitution in Europe*. New York, the Century Company, 1920. 455 p. \$2.00. Useful to students of the problem in the United States.

GLUECK and GLUECK. *One Thousand Juvenile Delinquents*. Cambridge, Harvard University Press, 1924. 350 p. \$3.50.

HUTZEL, ELEONORE. *The Policewoman's Handbook*. New York, Columbia Press, 1933. 303 p. \$2.00.

The Case Against Prostitution. Pub. 790. 5¢.

These books and pamphlets and those in previous lists for \$50.00.

Note. Substitutions from the longer list to a shorter may be made when ordering, provided the total remains the same. It is recognized that public libraries will probably wish to purchase books directly from the publishers at the regular library discount. The privilege of ten per cent discount is intended particularly for individuals or organizations not eligible to receive library discounts. Pamphlets may be secured from the Association, or through the Vertical File Service, at the prices indicated, or without charge, through the Association's Library Membership Service.

William Henry Welch

The Association's Honorary President

On April 30th, Dr. William H. Welch died in his eighty-fourth year. The members of the American Social Hygiene Association need no review of Dr. Welch's long and fruitful life to refresh their memories of this distinguished scholar and leader of worldwide influence. Our sense of loss is based upon long years of intimate personal friendship and guidance in the affairs of the Association.

From the incorporation of the Association in 1914, Dr. Welch was closely associated with President Charles W. Eliot, Mr. John D. Rockefeller, junior, Dr. Edward L. Keyes, and the other founders of the organization. The movement is greatly indebted to his influence and active participation. Particularly during and immediately following the World War, when Dr. Welch served as president, he gave the national leadership which was essential in establishing this agency for health conservation.

Each year the Association has delighted in joining the informal greetings to Dr. Welch on his birthday. In many ways the most inspiring of these occasions has been recorded by the Milbank Memorial Fund in the proceedings of the international celebration of his eightieth birthday. In this country President Hoover presided at the Washington meeting, saying of Dr. Welch,—“He has happily combined in his character the love of truth and the patient experimental habit of the pure scientist with the ingenuity of the inventor and the organizing vision and energy of the promoter of sound enterprises; and combines all these with a worldly wisdom and a gracious charm that has made him a leader among men.”

On the occasion of his last birthday, April 8th, when Dr. Welch was too ill to see any of his friends or representatives of the many organizations of which he was an officer, a telegram from the Board of Directors of the Association was sent to him, pledging redoubled efforts to carry on during his illness. It is in this spirit that the officers and members record their great loss, and determine to make further progress in this field of health and welfare a memorial to their beloved associate.

ANNOUNCEMENT

The next issue of the JOURNAL will be that for October, publication being omitted, as is customary, during the months of July, August, and September. The *Social Hygiene News* will continue to go to members and subscribers on the 15th of each month.

The editors will appreciate hearing from JOURNAL readers during the summer, especially with regard to material they would like to see discussed and included in future numbers. These suggestions are particularly valued now, when space is at a premium and choice must constantly be made among the large number of articles and items which deserve inclusion.

May your summer vacation be happy and restful!

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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER
AT 372-374 BROADWAY, ALBANY, N. Y., FOR
THE AMERICAN SOCIAL HYGIENE ASSOCIATION
EDITORIAL OFFICES
50 WEST FIFTIETH STREET, NEW YORK CITY

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JEAN B. PINNEY, MANAGING EDITOR
WILLIAM F. SNOW, EDITORIAL CONSULTANT

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

The JOURNAL OF SOCIAL HYGIENE is supplied to active members of The American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each.

Price \$3.00 per year; 35 cents per copy.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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Title Registered, U. S. Patent Office.

Member, Union Internationale Contre Le Pêril Vénérien
4 rue de Sèvres, Paris, France

Journal of Social Hygiene

VOL. XX

OCTOBER, 1934

NO. 7

THE SOCIOLOGIST LOOKS AT THE FAMILY *

J. P. LICHTENBERGER

University of Pennsylvania

The sociologist looks at the family from the point of view of the student, the analyst, the interpreter, and not from that of the advocate, the censor, or the reformer. To him the family generically is a complex of phenomena of social experience to which may be applied the historical method of approach and the same categories of scientific observation and description which are applicable to any other body of concrete data.

1. *As a Social Institution*

The family is a social institution whose origin lies in the proto-human stage of existence and whose present manifestations constitute one of the most conspicuous forms of the social organization. The essential elements of any social institution are: first, its foundation upon compelling and persistent human wants, interests or needs, behind which ordinarily there are organic urges, prepotent reflexes or random tendencies, which constitute the kinetic drives for the fulfillment of these needs, and, second, the more or less standardized attitudes, traditions, and procedures constituting the culture complex or constellation through which, according to the socially approved pattern, the overt behavior of individuals

* Reprinted by courtesy of the Chicago Association for Child Study and Parent Education from the address delivered at their Conference on March 10, 1934.

is conditioned. The "zone of tolerance" of variant behavior is wide or narrow according to whether the situation is one of liberalism or conservatism.

The family as a social institution corresponds to this definition. It is based on the sex urge or mating impulse characteristic of all animal species where bisexual reproduction exists. The relative durability of mateship is conditioned, likewise, upon the biological byproduct of sympathetic attachment of the associating pair and by the further survival value of the care of the resulting offspring, which in the human race, because of the prolongation of infancy, *tends* to render the relationship permanent.

While the family is thus rooted in organic human nature the form which it assumes is determined by the culture pattern of the group of which it is a part. This pattern is built up through the long and tedious process of the accumulation of experimental knowledge and experience. It is the joint product of the reaction of the group to its external physical and psycho-social environments and to culture contacts.

This explains the variety of culture patterns and, of necessity, the great diversity of family forms, types of sex control, and internal family organization. Thus while the biologic drives remain a constant factor the culture factors are theoretically and historically almost infinitely variable. There is no finality in the form of any social institution but as long as the basic needs, whether biological or cultural, exist, the institution remains a permanent, though changeable and adaptable continuum.

2. *As a Complex of Values*

No sociologist today, I think, would assent to the adequacy of an interpretation of any social situation or product exclusively in subjective terms. Certainly there are many aspects of family life which must be studied by purely objective procedures. Quantitative measurements and behavioristic methods of analysis are indispensable to correct understanding, but institutions involve value judgments as well as structural forms. Professor Hertzler contends that "the sanction and authority of institutions is the result of group valuations." Let us turn to this aspect of the subject briefly.

The family is a product of social evolution and is without a serious competitor in regard to the control of certain types of human relations because of the appraisal of these relations in terms of social well-being. These value judgments may vary and change in time and place but under the prevailing conditions they emerge from social experience.

It is the prevailing opinion today among students of this subject that some form of sex control has been universal. The hypothetical assumption of an original state of sex promiscuity is without any historical confirmation whatsoever. Moreover, there appear to be even biological reasons for sex limitation as exhibited in the survival value of mateship even of limited duration among the lower animals. Furthermore, Bagehot long ago pointed out that there is a military advantage in the struggle of races in favor of those who have possessed superior family life. There is obviously a higher degree of social solidarity and a consequent superiority in social organization and welfare where the intra-group limitations upon promiscuity result in the better care and protection of the mother and children. These advantages necessitate, therefore, the organization and perpetuation of family life.

3. *As Involving Continuous Readaptations of the Family to Changing Life Conditions and Ethical Valuations.*

The static concept of the family and the efforts to maintain the status quo in any age or historic situation whether due to culture inertia, reactionary mindedness, or to sheer lack of understanding, has been one of the greatest barriers to progress and to the necessary readaptation of the family to changing needs.

For this attitude the sociologist would substitute the dynamic concept which visualizes the family as an integral part or phase of the changing social order and whose success in fulfilling its functions is conditioned upon its reconstitution in harmony with contemporary demands. The need for this point of view is established by observing what is actually happening in the changing concepts of marriage which are taking place in the life of today. It is possible easily to describe certain norms, or what ordinarily was expected in marriage a generation or two ago but which today have lost,

or which are rapidly losing, their validity as measures of successful marriage. *First*, legalized sex control, which was not a means of limiting or refining sex experience but merely of rendering lawful and moral any kind of sex behavior if only it was within the marriage bond. Those were the days in which people talked about conjugal rights and duties. I submit that this attitude is changing. *Second*, formerly when the wife crossed the threshold of her husband's domicile her status was fixed. Her sphere was confined within the family and any deviation from this limitation was regarded with suspicion if not moral disapproval. Woman's sphere no longer is bounded by the confines of the household. *Third*, from the days of the patriarchal organization of the family down to Puritan New England and beyond, male domination was unquestioned in both tradition and law. In the marriage ceremony the bride was required to consent not only to love and honor but to obey her husband. Today this divine right of husbands is being seriously challenged. *Fourth*, formerly the ancient adage "be fruitful and multiply" even to the limits of physical possibility, was the normally accepted lot of the wife and the idealization of motherhood served to obscure or to supersede any and all other functions. Today the practice of birth-control and the growing recognition of the right of voluntary family limitation are modifying this ancient standard. *Fifth*, once a successful family was rated on the basis of economic competency and self-sufficiency. Whether the internal relations were satisfactory was quite subordinate to material success. The emphasis today has shifted to inherent quality rather than to outward conformity. And *sixth*, a family in those days was good if it lasted. It might partake of the nature of an endurance contest—that did not matter so long as it did not disintegrate. Of course every one agrees that a marriage is not good if it does not last, but the statement is not reversible. Under the enlightened ethical consciousness of today a marriage is not necessarily good either morally or socially merely because it does last.

Few will deny today, even if they deplore the fact, that these old norms, most of them of long standing, are today

obsolescent and are being replaced by others in the making, not yet so clearly defined or so easily described, but obviously involving a new emphasis upon compatibility—physical, intellectual, temperamental, and cultural; upon comradeship—affectional and inspirational,—involving mutual respect, confidence and helpfulness. In fine, upon those internal qualities of cohesion which are basically spiritual and which raise the family to a higher ethical plane. Unless individual families can adjust themselves to these emergent norms they are unlikely to last and some of us are coming to feel that they do not deserve to last.

4. *As Creating in This Readjustment Process a Variety of Serious Problems.*

No serious student of society would expect that such radical adjustments as are required in the existing social order could be effected without serious dislocation in ideas as well as in practices. Traditionally minded persons are likely to suffer mentally in the crash of culture patterns to which they have long been accustomed and around which there has clustered the sanctities of religious veneration and moral certitude, and to regard the process as one of moral decadence. This should not deter us, however, taking a square look at the facts and of evaluating them in terms of historical perspective and of visualizing them as a recurrent phase of culture change which our social institutions are continuously undergoing—a process which to the sociologist is reassuring rather than disconcerting.

First, there has been a definite shift in family functions. The family long ago emerged from its primitive position as a functional unit combining the domestic, the economic, the political, the educational and the religious activities. But there has been a further specific transfer of these hangover functions: industry, to the shop and factory; religion, to the church and Sunday School; recreation, to voluntary and commercial agencies; education, to the schools; care of the sick, to the hospitals; selection of mates for sons and daughters, to chance; training for a start in life, to institutions for industrial and professional training. Instead of bewailing this

shift we should be glad of it, for the former burden was too great for any family to bear and the specialized agencies, with few exceptions, are much more competent to meet these needs.

This does not mean the decreasing importance of the family but rather that it may now devote itself unencumbered to its real interests. Its biological function persists. It is still and will remain the best culture transmission agency. Ministering less now to the necessities of life, it may devote itself more to the amenities. It is par excellence the school for the development of affectional and loyalty traits. It fosters, better than any other agency, altruism and the integration of personality, and is the great stabilizer of character.

Naturally there are difficulties involved in the readjustment to this new status. There is a lag in ideas and a failure to perceive what is going on. A change of emphasis is required which is not yet fully appreciated. What is needed above all else is a diminution of resistance to these changes and increasing and intelligent guidance in their consummation. A social trend is a movement which we discover as emerging out of a multiplicity of elements which collectively and nonpurposively drive in a certain direction. There is no inevitability or finality about them. They cannot be ignored with impunity but they can be guided and directed.

Second. The most revolutionary change which today is occurring within the institution is the shift of marriage and the family from a coercive to a voluntary basis. A great moral and social advance occurred when voluntary choice was made a validating condition for entrance into wedlock. This attitude is now thoroughly imbedded in our mores. Wife capture, wife purchase and arbitrary parental arrangements are definitely outmoded. Once marriage was entered into, however, it was regarded as an indissoluble bond. The parties were then "wed-locked" (with apologies to etymologists). What is happening now is that continued voluntary choice and affection are coming more and more to be regarded as the only ethically valid basis for matrimonial continuance. That this change is now being resisted by some reactionary groups offers no good reason for believing that

this shift may not sometime be regarded as an equally great or even greater ethical gain. There is no denying the existence of the trend. It is exhibited in the mounting divorce rate. This in turn is due to the facility with which families which lack internal cohesion can now dissolve. The old external props of economic necessity, of social disapproval and of religious condemnation are giving way, rendering effective internal tensions and strains resulting from sexual, temperamental, cultural and other maladjustments. This phenomenon has been "viewed with alarm" as threatening the very existence of the institution and has called forth reactionary and repressive measures to stem the "tide." This procedure has proved futile because it has mistaken effect for cause. Divorce is not the cause of marriage disruption but its effect. The understanding of this situation is now being clarified. It is becoming apparent that family integrity is the main guarantee of its durability and not external restraints. Of course the throwing of marriage upon its own inner resources and voluntary constraints increases its fragility. This however has had two significant results. It raises the serious question as to whether there is any moral value either to the individuals immediately concerned or to the social well-being when marriages which are not morally sound are maintained for the sake of conformity, and it shifts the point of attack from repression to constructive measures for the creating of better marriage through an enlightened understanding of its nature, its functions, and its mutual responsibilities, and by facilitating its adjustment to present conditions. This approach, to the sociologist, has the promise of successful improvement. When once our ideas and procedures are adjusted to the new situation it is quite possible that family life on a voluntary basis may have a better chance of survival than upon any basis of coercion whatsoever.

Another important shift in present conditions affecting the family is that from coercive to voluntary parenthood. I use the term "coercive" here to mean the former ignorance of the means of intelligent control of the physiological process of reproduction, on the one hand, and of the moral condemnation of the rational control of this process, on the other. For good

or ill both of these limitations upon the freedom of choice in the size of the family are being removed: the first, through the increase of the knowledge of contraceptive methods, now widespread, and the second, through the spread of enlightenment and the revision of ethical concepts. Conceding freely the risks of the misuse of new knowledge and of inexperienced and newly acquired freedom, it is obvious that there are certain advantages which are likely to accrue to the stability of marriage and the family from this voluntary source. It will lighten the load of overburdened motherhood. It will diminish the tragedy of the unwanted child. It will reduce the number of children to the limits of family income and the ability of the parents to provide adequately for their rearing. It will tend to eliminate the new disease—the fear of pregnancy—which has made an invalid out of many an otherwise normal and healthy woman. By divorcing sex relations from their normal physiological consequences of procreation it will enhance sexual compatibility and release all those finer emotions and sympathies which are bound up with mutually satisfactory sex experience. It will help to transfer the intimate relations of husband and wife from a mere physical basis to a distinctly spiritual one. Such, at least, are among the many probabilities of the issue of birth control. At any rate the voluntary family and voluntary parenthood are conditions which we confront in our view of the present situation and which must be evaluated in any interpretation of the modern family.

In facing the ultimate possibilities of the effects of all these changes, the sociologist refuses to be alarmed and remains complacent if not indeed imbued with hopeful expectations.

5. *Conclusions.*

At the risk of appearing more audacious than prudent a few brief generalizations may be ventured which may bear a close resemblance to scientific predictions.

As the sociologist views the family in contemporary society he sees nothing which threatens the permanency of the institution. The processes of change now going on differ only in details from those which always have existed and which are

likely always to continue. The incidents are different but the trends are the same, *viz.* the progressive modification of ideas and habits by the changing nature of life conditions. What appears to be new is the greater realization of the possibilities of the application of human intelligence to the facilitating of this necessary process of readaptation. Voluntary monogamy and voluntary parenthood seem at present to be the goal of social evolution in regard to the family and by their very nature are more amenable to rational direction and control than prior forms and methods. New or revised ethical valuations are emerging and a greater degree of social self-consciousness is developing. This, in the long run can hardly turn out to be inimical to human welfare however disturbing the present results may appear to be.

Finally, the self-eliminating character of modern experimentalism, made possible and even increased by the conditions above described, should not be overlooked. Nature cuts off from any further participation in the continuance of the race all those whose aberrant physical, mental, or moral tendencies disqualify them through consequent behavior from a share in either racial or social continuity. Thus those who possess the normal racial and social qualities will inherit the future and many of our perplexing problems will tend to be solved by automatic process.

Progress in the future as in the past is likely to be provokingly slow, but the trial and success method supplemented by intelligent insight and planning would seem to presage a better and more enduring family life in days to come.

“Active and emotive care for the good of others is native to the constitution of mankind.” . . . “The love that sex and family generate is the love that buildeth up, the love that can see possibilities and help them to birth, the love that is more than an emotive or an imaginative vision, for it is also, in its full and proper development, a steady and patient devotion of the will towards mate or child, or brother, or friend, and toward the best in each that is yet to be: a love which, trained by the great sentiment of family, is made ready to spread abroad to neighborhood and beyond.”

C. F. NEWSOM.

THE PRESENT STATUS OF THE DISEASE GONORRHEA

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Gonorrhea is the largest problem in infectious diseases with which the world contends, now that other large problems, such as smallpox, plague, malaria and typhoid are less prevalent. It is estimated that there are 700,000 new infections yearly in the United States. This does not take into consideration those cases of a more chronic nature which are also under treatment, which number would increase the total to the colossal figure of two or three millions.

Even though the disease is as old as our civilization it has had an unique history, based primarily on the conception that it is a personal matter, while typhoid, smallpox, plague and malaria are communal problems. Also it is accompanied by little direct mortality as compared with the others, hence it has been held to be of less significance to the common welfare. In addition there seems to have persisted throughout history, even into the present day, an unique attitude toward a disease which is based upon sex. This attitude combines the apparent irreconcilable ideas of punishment, humor and inescapable relation to a normal function.

The history of gonorrhea can be divided into four parts, Ancient, Medieval, Modern, previous to the discovery of the infectious organism, and Modern.

Ancient history begins with the Egyptians and extends to the end of the fifteenth century. It includes Egyptian, Chinese, Hebrew, Hindu, Greek and Roman civilizations.

The second division is the Dark Age for the disease, which extended from the fifteenth to the beginning of the nineteenth century. It was marked by confusion between gonorrhea and syphilis.

The third period extends from the beginning of the nineteenth century to the discovery of the organism by Neisser in 1879.

The fourth period is the age of antiseptis and asepsis extending from 1879 until the present day.

Gonorrhea in Ancient Times

Egyptian civilization, which extended from about 3400 B.C. to its peak in 1500 B.C. no doubt knew the disease, although it was not mentioned as an entity. The symptomatology as given in various papyri which have survived leave little doubt as to its identity. Treatment was by complicated prescriptions and incantations. From existing records it seems certain that vaginal examinations were made, vaginal douches and suppositories administered and rectal treatment by heat employed.

The origin of the disease is sometimes, whether justly or unjustly, ascribed to the Orient. It is certain that early Chinese civilization knew the condition. In 2637 B.C. the emperor Hoang Ty, described the disease symptomatically thus—

“Among the external diseases is one that is different from all others, the symptoms of which are easy to recognize. They are

(1) Affectation of the urethra and vagina at the same time as the bladder.

(2) Drainage of corrupt materials white or red by the urethra or vagina.

Among the Chinese drugs both internal and external were in common use in the treatment of the so described disease.

The hygienic laws of the Hebrews show that urethral discharge was known; the disease was recognized as contagious; that it was spread by intercourse and that women were most affected by it at, or near, the catamenia.

Moses seems to have provided the first instance where legal control of gonorrhea was attempted and apparently the only attempt which ever worked. When his young men returned from a successful war they brought back with them as prisoners many women and children. It was soon apparent that the disease was spreading to the Hebrews from these infected prisoners. The disease was stamped out through putting 25,000 infected prisoners to the sword.

The early writings of the Hindus show that they recognized the disease, at least in its acute forms, in both men and

women. They also knew its infectious nature, both for men and women, and connected some of the late results with the acute condition. They recognized salpingitis and sterility in women, and stricture in men. The religious customs of the people furthered its spread and impeded its control. The treatment was mechanical and chemical in most part.

It was a religious custom for young girls to offer their virginity as a sacrifice to the gods. Since the gods could not descend from their pedestals they received the sacrifice by proxy through the priests. Infected priests insured wide dissemination of the disease.

The Greeks, who produced Hippocrates and Galen and were steeped in mythological beliefs, naturally looked upon the disease as a punishment from the gods. The most common offense so punished was failure to pay tribute to Dionysus, the god of fertility and reproduction. Illicit love was supposed to be punished by death from the gods after severe disease of the genitalia. They no doubt recognized its infectious nature; they used the speculum in diagnosis and an intra-uterine catheter of silver for intrauterine irrigations.

Thucydides (5th century B.C.) reports a plague at Athens in which the genital parts were attacked. There is some doubt as to whether a disease like gonorrhea was specifically singled out from the shameful diseases.

In the Roman civilization there seemed to have been marked separation of the disease from mythology and a marked emphasis on its shameful nature. All forms of disease affecting the organs in men and women seem to have been called shameful diseases. It was a crime, or at least dishonor, to give treatment. The treatment of these infections was left to slaves. The patient often preferred death to acknowledgment of infection. Paraphimosis was described. Gonorrhea must have been rife in decadent Rome.

In the Middle Ages

During the second period, from the fifteenth to the nineteenth centuries, syphilis evidently reached Europe. During this whole period there raged a controversy marked by confusion between gonorrhea and syphilis. John Hunter is said to have inoculated himself with pus producing a disease which

must have been syphilis, in addition to gonorrhea, of which he died. He contended that the two diseases were the same. Other observers inoculated students on promise of cure to prove that there were two diseases.

The Third Period

From 1800 until the discovery of the Neisserian organism in 1879 there was a clearer conception of the symptomatology of both syphilis and gonorrhea and treatment was more logical and effective for both, although predominantly empirical.

The Age of Antisepsis Begins

In 1879 Neisser discovered the infecting organism. He was one of many bacteriologists working to discover the bacterial causes of disease in an age which produced first antisepsis, later asepsis. This was the first really epoch-making step in the modern treatment of gonorrhea. His discovery and the contemporary interest in antisepsis led to exploration of the possibilities of a vast number of chemical substances, more than 100 in number, which were tested out as possible cures for gonorrhea during the next 50 years. Modern chemical and drug houses still seem to belong in that age if one is to judge by the constant stream of antiseptics produced. Great harm was done by this conception that the human body could be sterilized by stronger and stronger chemicals. It is only now, within recent years, that a more sane attitude towards infections in bodies, in contrast to antiseptics in test tubes has appeared.

Progress in Recent Years

In the more recent years outstanding progress has been made in the study of serological aspects of treatment of gonorrhea. In this field the possibility of vaccination as a preventive, serum treatment, vaccine treatment and other forms of serological treatment as applied to other diseases of infectious nature are under examination. Keyes sums up this conception when he points out that immunological measures are different for the plant and animal parasites. The gonococcus, a plant parasite, is unfavorable for immunological

treatment while syphilis, an animal parasite, is favorable for immunological treatment. While such study has advanced the treatment of syphilis to great length it has only shown its ineffectiveness in gonorrhea.

Aside from exploration of the chemical and immunological fields in relation to gonorrhea, little progress, or even attention, through research has been paid to the disease since the discovery of the infecting organism. It has lagged behind medical progress.

In 1886 an organization of the most prominent members of the genito-urinary profession in America organized a national society—The American Association of Genito-Urinary Surgeons. Its purpose was to advance knowledge and treatment of the genital and urinary diseases. The first program of this society presented a majority of its topics on gonorrhea and syphilis. Urology, a more favorable and profitable field, soon absorbed the interest of the members. After a few years only urological problems were discussed. As a result of this sequence of events venereal disease was either not treated by its members at all, becoming “pot boilers” in their offices or in the offices of young G. U. surgeons, until urological cases should come their way. Less well prepared, less successful practitioners and inferior men took over the field of the treatment of gonorrhea. This both shut off progress and established social inferiority for the “clap doctor.” The patient, either for economic reasons, ineffectiveness of treatment or persistence of the ancient idea of “shameful disease” often turned to nostrums, friendly advice remedies and the druggist. Exploitation by unprincipled practitioners, lack of interest on the part of general practitioners, who felt that they must treat such cases as a part of general practice although they were distasteful, and actual exclusion of gonorrheal patients from their offices lest they should be thought to be “shamefully connected” worked havoc with progress in treatment.

It is almost entirely since the world war that the next big advance in control of gonorrhea has been made. I refer to the study of the epidemiology of gonorrhea. It is to be considered as the most important contribution to the control of gonorrhea since Neisser’s discovery of the etiology of the disease and its attendant study in antiseptic treatment.

In 1875 the report of the Surgeon General of the U. S. contained suggestions for preventing the introduction of venereal disease into the United States and for the treatment of the cases already at hand. The idea was a wholesome thought from which nothing came. Not until 1918 when Congress passed the Chamberlain-Kahn act which established a Division of Venereal Diseases in the Public Health Department of the nation was any definite action noted. In the same year venereal disease was dignified by public notice when it was disclosed as dangerous to public health and, therefore, made a reportable disease. Here began the bookkeeping from which comes our valuable knowledge of epidemiology.

It was only twenty years ago that a former Commissioner of Public Health in Massachusetts, Dr. Eugene R. Kelley, predicted that if data were available we would be dismayed at the prevalence of venereal diseases in the state. Later years have abundantly substantiated his view point.

Some Facts and Conclusions

Certain pertinent facts have been established.

1. That the popular taboo, remembering the ancient "shameful diseases," continues to favor secrecy for the individual, makes possible innocent family infections, encourages drug store treatment, discourages treatment by family physicians, keeps local practitioners from studying and equipping themselves for adequate care of the patients (although 60% treat gonorrhea in Massachusetts), gives venereologists inferiority complexes and generally impedes study of the disease by the best minds, as well as makes suitable grants of money for research unattainable.

2. It is a disease often innocently acquired. One half of the cases in women are innocently infected wives. One out of ten females so infected are girls under 14 years of age. Probably more than eight or ten per cent of blindness in institutions is still due to gonorrhea. Is there a sufficient remnant of barbarism in this stage of our civilization that we condemn to inadequate treatment and casualness so large a number of innocently infected cases in order that we may properly display disapproval of the guilty?

3. It is a disease of youth. The height of the curve of incidence of infection for boys is 20, to 21 years and for girls 19 to 20. I seem to remember from the daily press that arrests for dangerous driving of automobiles and crime commission is approximately the same age—before maturity of judgment develops.

4. In addition we have learned that of the 60% of physicians who treat gonorrhea only 2% have had special training. Many treat without use of the microscope either for diagnosis or control of

cure. In 1931 57% of the gonorrhea in Massachusetts was in the hands of physicians, 43% in clinics. Clinics are crowded—treatment is often hasty, not by the same doctor, and overcrowding makes asepsis difficult. Most physicians treating gonorrhea have had no training in epidemiology and look upon the treatment of the infected case as of primary importance. Even in the best clinics the treatment does not represent modern medical methods, it is essentially the chemical contribution of the later 1800's plus the heat and mechanical measures of the ancients. It surely is not representative of the times in medicine.

5. Epidemiological studies have shown the method of spread. In one instance where twelve cases were traced to a girl, a mere child of fifteen years, three families were invaded. The best clinics and physicians succeed in contacting and placing under treatment sources of infection. I cannot here enumerate all the accomplishments in this field. I can only impress its importance, that it is worthy to be the chief factor in control of the disease. Treatment of the infected is of secondary importance, although very worthy of stimulation to higher levels and a means of helping the individual to the best of our ability under present knowledge.

Does Prophylaxis Work?

Prophylaxis against gonorrhea has on the whole been a disappointment. It is most efficient in controlled groups, chiefly Army and Navy.

Such figures as these are given:

U. S. Navy	{without prophylaxis..	60% infections
	{with prophylaxis	7% infections
Italian Army and Navy	{without prophylaxis	34.8 per 1000
	{with prophylaxis...	12.9 per 1000
British Royal Navy	{without prophylaxis..	114 per 1000
	{with prophylaxis	76 per 1000

These figures for controlled groups are not too encouraging.

Legal Prevention

Legal "don'ts" have proven ineffective, with the exception of Moses' unusual accomplishment, and the prevention of blindness in babies. Germany has made the most drastic laws for control of venereal disease both for the physician and the patient. Often the penalties were as severe as three or more years imprisonment for the physician for certain infractions of the law. The effort failed in the main.

In general, it has been found that:

(a) In most instances legal measures drive the disease to concealment.

(b) Control of red light districts as a public health measure and other forms of segregation of vice have proven inadequate in many repeated efforts.

Massachusetts found that when a physician who used the state laboratory for diagnosis of gonorrhea was criticized for failing to report the case he only ceased to use the laboratory for diagnosis.

Educational Efforts

Social hygiene, as a voluntary movement, both through organizations and individuals has by books, pamphlets and public speaking in little more than a decade produced definite signs of opening up freer discussion in ordinary life and the press, and consequent better understanding of sex, both as regards the individual and the marital relation. Since 1930 supervised radio broadcasts have been taking place in France and to a lesser degree in America and other countries. More articles on venereal disease are appearing in medical journals. There is a definite effort to train key people, parents, teachers, the clergy, nurses, social workers and doctors as advisers to youth. As an off-shoot of these efforts most seaport towns have hospitals for sailors for the treatment of venereal disease without charge. There is now available a corps of highly specialized officials and workers, who supply a two-fold need, first to disseminate accurate information, in so far as it is accumulated, and second to act as a control over educational activities, particularly among the key people mentioned.

The Present Situation

Treatment of gonorrhea is generally recognized as inadequate and not representative of modern medical times. In many respects it is chaotic. In a recent questionnaire in Massachusetts, circularizing specialists in venereology, 36 different answers were given to one question by 36 physicians reporting. Treatment by antisepsis hygiene, and mechanical means, essentially that of fifty years ago, still maintains. Gentleness now replaces heroic measures which were char-

acteristic of the antiseptic age previous to the twentieth century. Treated cases are definitely less severe, the duration of treatment is shortened and complications both less frequent and less severe than in untreated cases. Yet it is not from better treatment that we shall control the disease, it is rather by cutting the chain of infection, that benefit to the public at large will accrue. A treated case in good hands is an educated individual, and best of all is under control during the treatment periods.

Gonorrhea offers a challenge to social workers, as many patients give wrong addresses. In Massachusetts only 48% can be traced by the addresses they give. Many give both fictitious names and addresses. Contact infections for obvious reasons are difficult to reach, though I know an instance where a New Englander infected in Texas cooperated until, through affiliated agencies, the source of infection was placed under treatment in Texas. Many patients still resent intrusion of an outsider into "personal affairs." This is often stretched to include the family, and innocently infected members are supposed to be able to harbor the disease without danger to themselves, or spread to others that the dereliction of one may be protected. Present laws and customs seem favorable to the transgressor at the expense of the innocently infected. It has already been amply demonstrated how by tact most obstacles can be overcome and none left to suffer.

Gonorrhea offers a challenge to medicine for better treatment. It is a disease, the etiological factor of which has long been established. It is not a system disease. It affects accessible portions of the body. It is preventable on grounds of epidemiology already established. It relates to sex, a question of universal interest.

At the present time we should at least be able to see the problem in its entirety. There is no hope that sex life of the human race can be materially modified. I recently noted a figure given in the lay press which placed the number of unmarried working adults at 46,000,000—one-third of our population. Whether or not this figure is true to facts there is a large population who for economic and other reasons cannot marry. Some form of sex life is shown, from other including medical sources, to be common among this group.

Another large group marry late in life. They belong to the previous group for a considerable period of time. No longer does local sentiment hold the big stick over youth, the automobile as a means of widening youth's range has changed all that. Perhaps the loss of chivalry, the attitude of men toward women and the greater freedom in clothes, ideas and conversation have combined to contribute more towards the same end. The young blade who once lived a dual life of respectability among his equals and patronized the local red light district cannot go far before meeting a young blade of the opposite sex among his equals. Control of red light districts, even if possible, does not mend the difficulty. We must meet present day facts. Religious control, both through the church and its influence on the family, does not now seem to reach youth as forcibly as it once did. We have been told that contraceptive devices can sometimes be purchased at gas stations.

What of the future? Let us realize that the peak of infection is in youth before the age of mature judgment is reached. They themselves have demonstrated whatever value there is in contraceptives. Perhaps the use of contraceptives after early marriage is the answer. In spite of whatever attitude one chooses to take on this phase of the subject, a sound knowledge of sex in its relation to the individual and also to the married state has already proven helpful to many. If there were to be provided sound information among the advisors to youth, parents, teachers, clergy, nurses, social worker and doctors, undoubtedly there would be something more useful than generalities to be offered the questioning mind.

Treatment, no doubt, will always be required for those who err even in wisdom, for those who don't care, for those who are incorrigible either for basic reasons or mental deficiencies. That treatment should be of the highest perfection of which modern medicine is capable.

But treatment is only sweeping back the tide if it takes no cognizance of the epidemiology of the disease and makes no effort to break the chain of infection.

SYPHILIS CLINICS IN NEW YORK CITY
A SUMMARY REPORT OF A SURVEY OF FIFTY-TWO CLINICS
IN GREATER NEW YORK

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AND

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INTRODUCTION

As an important part of the social hygiene program in New York City, serious attention is being given to the clinic facilities available for the treatment of those who ordinarily cannot afford treatment by private physicians. Together with Drs. Walter Clarke and Max J. Exner of the American Social Hygiene Association staff, careful studies were made a year and more ago of three representative syphilis clinics, two as regular services in a municipal hospital and a private hospital, and the third part of the service in a polyclinic without hospital facilities. A brief summary of the findings in these three surveys may present the background for the subsequent and more extensive study carried on in fifty-two clinics.

In the clinic serving as a part of the municipal hospital, extreme overcrowding was the rule; an unusually large lapse in cases was found; and almost a complete lack of social service and follow-up. Serious deficiencies in personnel, equipment, clinic and waiting room facilities made of this particular clinic one of the poorest in the City. Only a complete reorganization and marked expansion in all but intake of patients, could make of this municipal clinic a satisfactory place in which to diagnose, treat and follow-up syphilis cases.

In the second clinic, *i.e.*, that located in a so-called private hospital, much better service was being rendered, with more satisfactory facilities, largely for the same type of patients as in the preceding clinic. The chief-of-clinic in the latter

institution was well-trained and gave much time to his work. A competent clinic director, and a medical social worker assigned to the clinic helped to keep the service on a high plane. In a study of 175 new patients admitted during the year preceding the study, 49 per cent remained under care of the clinic for one year or more, and 29 per cent continued for two years or more. About 18 per cent quit the clinic after a lapse of one month or less. As a result of this survey, a number of recommendations made have been carried out, with definite improvements in several directions.

In the study of the syphilis clinic in a dispensary without hospital affiliation, several lapses were noted. There was an apparent difficulty in the laboratory where serological tests were carried out; darkfield examinations were not made; a blood test of less than accepted standard procedure was used; spinal fluid examinations were not made; and only a moderately fair record was achieved in keeping patients under care.

This summary of the surveys in three clinics in New York City serves, in part, as a background for the more extensive, though, in some respects, less intensive survey of 52 syphilis clinics carried out (by Dr. Carr).

SURVEY OF FIFTY-TWO SYPHILIS CLINICS

The complete data noted and compiled in the course of the larger survey would be too voluminous for presentation in this article. For that reason the following summary alone is presented.

Fifty-two clinics in Greater New York were studied. The average attendance varied from 2 to 300. In fourteen the average was more than 50, in seven more than 100. The following shows the type and numbers of the clinics treating syphilis: skin 31; urology 7; pediatrics 3; medical 1; eye, ear, nose and throat 2; neurological 2; syphilis alone 4; gynecology and obstetrics 1. Of the free clinics there were 7; pay clinics 45.

In the pay clinics the admission charge varied from 20 cents to 75 cents. In the clinic charging 75 cents this fee included the cost of injections. In the majority of clinics the admission

fee was 50 cents, and in addition to this a charge was made for intravenous injection (arsphenamine) which varied from \$1.00 to \$3.00; the intramuscular injections (bismuth and mercury) from 25 cents to \$1.00; blood tests varied in cost from nothing to \$2.00; urinalyses from nothing to \$1.00. The charge for cysternal punctures was usually less than for spinal punctures, but the higher cost of the spinal puncture usually included a hospital bed charge and over-night care. The cost of cysternal puncture was usually \$4.00; the spinal puncture \$1.00 to \$15.00, but many were done without charge.

The estimated cost to a patient in the average pay clinic for treatment of syphilis in its early stage and which responded satisfactorily to treatment is from \$125.00 to \$165.00. Because of the high cost of treatment, the numbers of patients in the pay clinics have steadily decreased in the past few years, and those in the free clinics have correspondingly increased.

In regard to the social worker, it was found that in nine clinics she was definitely attached to the department, having her desk in or near the clinic rooms. In five she worked in a secretarial capacity—interviewed all the patients, obtained a social history, and had a general idea of the individual problems. In the majority of clinics her services were used only when there were adjustments of fees or follow-up in delinquency. The usual procedure in the latter case was the sending of letters, often a form letter, after a lapse from treatment of from one to two weeks to one month. Home visits were also made by some workers. It was usually at the time of delinquency that fictitious names and addresses were discovered or that a patient had moved and failed to notify the clinic. In only three clinics were names and addresses verified after the first visits. In some clinics the responsibility of instruction of the patient in regard to his disease and the necessity of continued treatment was placed upon the social worker. In fifteen clinics there was great effort shown in finding the contacts in early syphilis. In only a few clinics was an investigation made of the possible source. In five clinics there was no follow-up. Lapses from treatment were found to be a serious matter; in some clinics

they were few in number; in others as many as 80 per cent were said to be delinquent.

Physical examinations that seemed to be thorough were made in seven clinics; in twenty-nine they were limited, as were the records of such examinations. In sixteen clinics referring departments had made the examinations but the records had not been transferred to the department treating syphilis. In many clinics the records consisted largely of notations of injections with dosage and dates, with few or no progress notes.

Urinalyses were generally made after the first treatment was given, the patient being asked to bring a specimen of urine at the time of the next visit; and in one clinic, if a patient failed to bring a specimen, treatment was refused and not resumed until after the urinalysis was done.

Darkfield examinations were made in nine clinics in the Department by the clinic doctors; in thirty-four clinics they were made in the hospital laboratory; in five clinics the patient was sent to the Department of Health; in the remainder—four in number—there was no darkfield examination. In the majority of clinics the examination was not repeated if found negative at the first examination. In the clinics where the doctors treating the patients made the darkfield examination, a more diligent search for the organism was made. When the hospital made the examination, lymph node puncture and search in other lesions than the primary were done only occasionally.

In two clinics there were full-time doctors whose work included research. In only one clinic was there a complete catalogue of lesions of syphilis with cross references.

In regard to privacy of treatment, in twenty-four clinics, excluding the pediatric services, the intravenous injections were given in private rooms or behind curtains. In twenty-eight clinics intramuscular injections were given to patients singly and privately. In eighteen clinics the patient lay on a table for intravenous injections, but in only nine clinics for intramuscular injections. In all other clinics the patient sat on a stool or chair for the intravenous, and stood upright for the intramuscular injection.

In four clinics 2 patients were treated together in the same room; in nineteen clinics from 6 to 16 patients—and even more—were crowded together waiting for or receiving treatments, observing others being treated and able to hear all that was said between doctor, technician or nurse and other patients. It was especially undesirable to have children included in these crowds, and even more when men and pregnant women were lined up in the same room for their turns.

In ten clinics the treatments were given by nurses or trained technicians. In three of these the patients were seen by doctors at every visit; in seven after a course of treatment, unless some complication arose.

In one clinic an attempt was made to hospitalize all infectious patients.

The frequency of blood tests varied, but the usual procedure was a test before and after each course of treatment. In two clinics there was slightly different treatment in patients in early syphilis when serologically negative.

Wassermann and Kahn tests were made most frequently. In only five clinics was a Kline test made.

In twenty clinics treatment of early syphilis was continuous; in twenty-seven there were rest periods.

In eleven clinics, in early syphilis, treatment was given up to one year, and if a negative serology had been obtained over a period of three months, treatment was stopped. In sixteen clinics treatment was given up to one and one-half years regardless of the serology. There were, however, in the various plans of treatment, usually a total of from 30 to 40 intravenous injections of an arsenical and an equal number or more of a heavy metal.

In one-third of the clinics an occasional course of a heavy metal injection was given in the second, third, fourth or fifth years if it was possible to retain the patient's cooperation for this period of time.

There were spinal fluid examinations in thirty-three clinics. In nineteen these were not made, the patients being transferred to other clinics when necessary or treatments continued with no understanding of the condition of the fluid. Cysternal punctures were made in sixteen clinics; spinal punctures in seventeen clinics.

There was evidence of a limited examination of the spinal fluid by the hospital laboratories. The Wassermann was frequently the only test made. In only a few clinics was a cell count, total protein and a gold test made, and some doubt was expressed, at times, as to the accuracy of the examinations.

The drugs used included old arsphenamine in seven clinics, and neoarsphenamine in forty-five clinics. In one clinic neoarsphenamine was not used. In ten clinics, silver arsphenamine was used. In twenty-six clinics tryparsamide was used in neurosyphilis. Acetarsonsone, in place of tryparsamide, was used in five clinics. Stovarsol by mouth was used in a few clinics where infants and children were treated. In fifty clinics intracutaneous injections of bismuth were given concurrently or alternating with arsphenamine. The insoluble preparation was most frequently used. There seemed to be no contra-indication to giving the two drugs in the same course, and in a few clinics they were given in the same period in order to shorten the time of the patient's visits. As a rule, a few heavy metal treatments followed the arsphenamine course and in a few clinics preceded the arsphenamine, especially in a severe primary stage. Mercury was used alternately with bismuth in five clinics; and in five clinics mercury injections were used, especially in early syphilis. In two clinics bismuth and mercury were used intravenously.

There were differences of opinion about the value of sodium or calcium thiosulphate. In twenty-eight clinics it was used in arsenical intolerance; in twenty-three clinics not used. In one clinic there was a strong feeling that it was of value in reversal of the serology, and a course of thiosulphate replaced the rest period in the treatment of latent cases. In six clinics each, sulpharsphenamine and bismarsen were used, usually for children but occasionally for adults.

The technique of administration of the drugs varied. In forty-two clinics, intravenous injections were given by syringe; in ten clinics by gravity. The syringe method was responsible for shortening the time of injection, which time varied from 20 to 30 seconds to 3 or 4 minutes, but the average time was usually less than one minute. The preparation

of old arsphenamine was always carefully carried out, but in that of neoarsphenamine it was common practice to aid in solution of the drug by drawing the fluid into the syringe and expelling it several times.

In regard to the gauge and sharpness of the needles, the usual size was 19 to 22; in a few clinics numbers 23 and 24 were used to retard the flow of the solution. The sharpness of the needle points varied. In one-third of the clinics there was careful sharpening, even with inspection of the points with a magnifying glass; in one-third, the needles were sharpened with others in the hospital; and in the remaining third, were discarded when dull.

In all clinics, except two, needles for intravenous injections were sterilized by boiling. In two clinics they were rinsed in distilled water. For intramuscular injections, in seven clinics the needles were immersed in alcohol; in five clinics, flamed between patients; and in one clinic, wiped with alcohol; in the remainder—thirty-nine in number, they were sterilized by boiling.

The usual procedure in intramuscular injections was for the patient to stand, buttocks bare, the skin wiped with iodine or alcohol, the needle thrust into the tissues, usually but not always in the outer quadrant. In about one-half of the clinics the needle was attached to the syringe when the thrust was made and remained attached when the metal was injected. Injections usually required only a few seconds. The patient generally massaged the area indifferently, depending on instructions. In one-half of the clinics there was a pause of a few seconds to allow blood to flow if a vessel had been penetrated before injection was done. In only a few clinics were all the suggestions for intramuscular injection followed that are given by syphilographers and which are printed in the directions for use of bismuth intramuscularly. These directions suggest, especially, aspiration after insertion of the needle for blood to guard against injecting the solution into a vessel. They suggest a slow injection, and upon completion, a cushion of 1 to 2 c.c. of air to force it on into the tissues.

In arsenical intolerance, arsphenamine was always discontinued, and in one-half of the clinics sodium thiosulphate

was used. In the majority of the clinics, arsenic was not used again, but in the ten clinics accustomed to the use of silver arsphenamine, this drug might be substituted.

In Wassermann fast patients, theories and procedures varied considerably. Occasionally, there was a shift of drugs, different brands being used. In one clinic, bismarsen was thought to be of value; in another, sodium thiosulphate. Wassermann fastness was a signal for a thorough physical examination, with a spinal fluid examination, in a few clinics. Foreign proteins were employed in one-third of the clinics, milk being most frequently used.

In cardiovascular syphilis, in all but six clinics, there was consultation with the cardiac department, and responsibility for treatment was shared. Occasionally the cardiac department directed the treatment. There was a tendency to use bismuth alone, but in a few clinics silver arsphenamine was used. In one clinic there was a fluoroscope for x-ray examination of the cardiac area. In neurosyphilis, in eleven clinics, patients who had obvious neurological symptoms were sent to other clinics. In eighteen clinics, neurosyphilis was actively treated with tryparsamide or acetarson, and various intraspinal treatments and drainages were performed. In five clinics there had been experience with malaria in the production of fever; and in four clinics the radiotherm was used.

There was considerable variation in the management of infants and children. In the majority of the clinics, few infants were treated and in these there was delay in giving intravenous injections until the infant was a year or more of age. In clinics where many infants were cared for, intravenous injection was given at any time in the first year, even as early as three weeks after birth. In one clinic, old arsphenamine was used, but neoarsphenamine in all the other clinics. The easiest method, that of intramuscular injection, was generally resorted to and sulpharsphenamine, bismarsen and neoarsphenamine were the drugs. It was difficult to secure blood for tests, but in skilled hands there was little trouble. In one clinic, blood was always taken from the jugular vein; in another, always from the arm. In three clinics, spinal punctures were required. The long bones were

always examined in one clinic; in others only when indications of bone involvement were present.

CONCLUSIONS

In the survey of 52 syphilis clinics in New York City, it was found that:

- (1) The cost of treatment was apparently too high;
- (2) There was crowding of patients in some clinics, with small medical and nursing staffs;
- (3) There was lack of privacy in some clinics;
- (4) There was decrease in numbers of patients in pay clinics, with the increase in free clinics;
- (5) There was failure to make physical examinations and especially urinalyses in some clinics;
- (6) Darkfield examinations were made in only nine clinics; in thirty-four clinics by the hospital laboratory staff, with infrequent repetition;
- (7) There were poor records in many clinics;
- (8) Spinal fluid examinations are not required in all clinics, especially in patients with early syphilis;
- (9) The laboratory reports of the spinal fluid examinations are frequently incomplete;
- (10) The plans of treatment in early syphilis were quite uniform; they indicated that sufficient treatment would be given if the patient attended regularly;
- (11) Old arsphenamine is used in only seven clinics. This drug is more potent than is neoarsphenamine which is used in forty-five clinics;
- (12) The speed of injection of neoarsphenamine is rarely more than one minute and in many clinics 20 to 30 seconds;
- (13) Rest periods in early syphilis were given in twenty-seven clinics; in only twenty was treatment continuous;
- (14) The technique, especially, of intramuscular injections could be revised in many clinics;
- (15) There were diverse methods of treating infants and children. There could well be some common understanding of the best methods to be employed in these patients.

EDITORIAL

THIS YEAR'S MOBILIZATION FOR HUMAN NEEDS

For the third year, national health and welfare agencies are joining this fall in a mobilization of resources for the assistance of the states and communities in maintaining voluntary services throughout the country. (See page 350.) Beginning early in 1932 with the United Educational Program launched by the National Social Work Council as an emergency measure, this intensive effort to tell the public what voluntary social work organizations really do, and why they are needed and should be supported, has steadily gained momentum, until the Mobilization has come to be accepted as a regular feature of the year's program in community welfare. The results of this third-year effort are expected to surpass all previous achievements, and it is to be hoped that this may prove true, for surely no preceding year has presented more urgent or important claims for voluntary activities supplementing official work. In writing to Newton D. Baker as Chairman of the Mobilization, President Roosevelt says "I wish to state again emphatically that volunteer welfare services are indispensable to national recovery. This is every whit as true this year as it was last year." And no one who has studied the situation will dispute this statement. Much progress—praise be—has been made toward better conditions in health, welfare and comfort of those who most keenly felt the depression since the nation began to pull itself out, but the journey has hardly begun, one realizes, when he thinks of the long way yet to travel. Such efforts as those represented by this annual Mobilization will furnish greatly needed lubrication for the creaking wheels of progress.

As one of the 34 national agencies cooperating, the American Social Hygiene Association urges all social hygiene agencies to join heartily in their state and community plans for Mobilization.

NEWS AND ABSTRACTS

The 1934 Mobilization for Human Needs.—With the President and Mrs. Roosevelt as active sponsors, Newton D. Baker as chairman, 34 national health and welfare agencies cooperating and the challenging slogan "Rebuild!" as its watchword, the 1934 Mobilization for Human Needs is getting under way as this number of the JOURNAL goes to press. September 28th and 29th were the dates for the inaugural rally in Washington, with the first session held at the White House by special invitation, and a representative group of social and health workers from all over the country in attendance. The Mobilization proper, as it occurs in its various ramifications through the National Citizens Committee, the National Women's Committee, community chests and other local agencies, will take place from October 21st to November 11th.

The purpose of the Mobilization, as in previous years, is to familiarize the public with social work, to the end that support and interest may be continued for the many worthy and necessary activities not financed by tax funds.

As heretofore, all usual methods of interpretation—news and feature stories in magazines and newspapers, specially prepared advertisements, lectures, radio talks, exhibits, posters, photographs and other means of publicity—will be used. Supplementing the Special Series of Bulletins No. 1 and No. 2 provided in 1932 and 1933, Community Chests and Councils, as the Mobilization's administrative agency, has just issued three new Bulletins dealing with *Leisure Time and Character Building*. These Bulletins, prepared under the supervision of a committee representing the national agencies in the field of character building, are designed to reach three different audiences. Bulletin No. 1, *How to Tell People about Character Building*, is written for the use of executives and publicity directors of community agencies. Bulletin No. 2, *Leisure Time and Character, or What Your Community Ought to Know about the Leisure-Time Problem*, is for the use of the general public, parents, teachers, pastors, board and committee members of social agencies, and other volunteer workers in the Mobilization. Bulletin No. 3, *New Facts about Old Friends*, is prepared especially for the use of volunteers, including the Women Crusaders. Single copies of each Bulletin, 10 cents; the set of three, 25 cents; in quantities of 100 or more, \$7.00 per 100.

The Women's Crusade, incidentally, bids fair to play a more important part than ever before in this year's Mobilization. Mrs. Roosevelt is again the chairman of the National Women's Committee, and with Mr. Baker's cooperation has invited 59 women chosen because of their long-standing interest in social work and health problems, to join with her. Among them are the presidents of representative national women's organizations, and a leader in each

state. With this fine group actively working in their respective localities, it is expected that even more communities than last year—255 communities in 40 states—will be reached with special interpretative crusades which will reinforce the main effort conducted by the National Citizen's Committee.

Social hygiene agencies as usual will find excellent opportunity for community cooperation in this project to prove the indispensability of privately financed social and health work to supplement that of official agencies.

Twentieth National Recreation Congress Meets at Washington.—Recreation's part in "the abundant life," one of President Roosevelt's favorite phrases, will be the main theme of the 20th National Recreation Congress which will be held in Washington, D. C., October 1-5, 1934, under the auspices of the National Recreation Association. Wardman Park Hotel will be the headquarters.

Recreation in the new deal, the labor movement and recreation, activities for high school and college youth unable to secure employment, professional training for recreation leaders, what schools, parks, and churches are doing in the recreational field, adjustment of recreation programs to emergency conditions, what people want to do in their leisure, and cooperation between educational and recreational agencies, are a few of the tentatively selected topics for the congress.

These and other topics will be reviewed by nationally known leaders and authorities. Recreational methods will be demonstrated as well as discussed. The last similar conference was held in Los Angeles, California, in 1932 in connection with Olympic games.

The National Recreation Association which is sponsoring the congress was organized in 1906 by Luther Halsey Gulick, Henry S. Curtis and others. One of the first organization meetings was held in the White House at the invitation of President Theodore Roosevelt. Joseph Lee of Boston is president, and Howard S. Braucher of New York is secretary. William Butterworth of Moline, Illinois; F. Trubee Davison, John H. Finley, Edward E. Loomis, Mrs. Ogden L. Mills, and Frederick M. Warburg of New York City; Mrs. Thomas A. Edison of West Orange, New Jersey, and Mrs. William H. Woodin, Jr. of Tucson, Arizona, are among the members of the board of directors.

Infant Mortality for 1933.—The American Child Health Association has recently published some pertinent information on this subject, under the title *Statistical Report of Infant Mortality for 1933 in 985 Cities of the United States*. In transmitting the report, Dr. S. J. Crumbine, General Executive of the Association, states that the report is of particular importance, as it presents for the first time since the compilation of these reports was begun by the New York Milk Committee in 1911, data for every city of 10,000 population and over, the birth and death registration areas now being complete.

Some of the outstanding points of the report are:

1. The infant death rate in 985 cities of the Birth Registration Area is 57.1. This is slightly higher than the 1932 rate, which was 56.8—but did not include cities of Texas and South Dakota.
2. Confining the 1933 data to the same 943 cities reported in the 1932 rate, the 1933 rate is 55.9, exactly .9 point lower than that for the preceding year. This is the lowest rate ever recorded in the history of the country.
3. The report states that: "It is practically certain that the maintenance of the present low rate of infant deaths or further reduction in the loss of our babies cannot result without continued effective medical and public health effort."

Poor Relief Laws.—The digest of the various Poor Relief Laws recently prepared by the American Public Welfare Association and published by the Public Administration Service (Publication No. 37; price 25¢) as an aid to statutory revision, has significance and value to social hygiene workers, especially in those States where laws provide that the needy poor shall be "let out" to the lowest bidder who will contract to furnish food, shelter, clothing and medical attention, or which provide that needy children can be loaned out as apprentices.

Under such laws the State assumes practically no responsibility for public assistance; towns and counties without trained workers or adequate administrative machinery, are still left to take care of the poor, as was done in England in the time of Queen Elizabeth. That these and other state poor laws need drastic revision is obvious in this more enlightened age when pensions for the blind, mothers' aid, old-age pensions, free state clinics and free laboratory service, are or ought to be provided as a matter of course for those who are sick or dependent. The effect of the operation of such laws on the morale of that new class of poor who, in ordinary times, have been self sufficient and self respecting, is deplorable. The loss of morale may have serious social hygiene implications.

Family Welfare Problems Relating to Venereal Diseases.—Approximately 11 per cent of all admissions to New York State Hospitals for Mental Diseases are due to syphilis, according to an address by Dr. George K. Pratt, Medical Director of the Mental Hygiene Committee, State Charities Aid Association, before the 1934 Social Hygiene Regional Conference in New York. In the past 20 years over 16,000 cases of general paresis have been admitted to the State Hospitals and of those cases over 13,000 proved to be fatal within two years. It was estimated that for the year 1931 the economic loss in New York State, due to syphilis of the nervous system, amounted to \$13,500,000.

Bailey B. Burritt, General Director of the New York Association for Improving the Condition of the Poor, speaking at the same meeting, stated that three and one-half per cent of families whose histories appear in the records of that organization are afflicted with syphilis. Speaking further, Mr. Burritt said:

"We are in the midst of an emergency era and there are more families under our care, of course, than in normal times. Under present circumstances we never feel that we know exactly how much syphilis we have in each family, and we have not the facilities to find it out. There is great difficulty in getting information because of lack of facilities for adequate physical examination for all members of the family. Aside from lack of facilities to secure accurate knowledge, the problem of getting adequate treatment for members of the families is very serious. It is difficult to secure the successful follow-up service which is necessary for satisfactory results. Treatment should go hand in hand with education in the home, as well as in the clinic. There should be adequate tie up between the nurses of the clinic and the social workers who visit the homes. Until we secure more adequate recognition of the fact that in dealing with syphilis and gonorrhea we are dealing with family problems, the adequate control of venereal diseases will be seriously handicapped."

Reconciliation Work in Ohio Family Courts.—The following article, by Mrs. Eleanor R. Hixenbaugh, Consultant in the Montgomery County Court of Domestic Relations, Dayton, Ohio, will be of special interest to New York City readers who are interested in the Family Relations Court recently established in that city.

"Many states and cities have recognized the advantage of combining under one court the administration of the laws pertaining to children and the family. In Ohio these courts are courts of domestic relations. They are courts of common pleas, and have jurisdiction as juvenile courts, hear illegitimacy cases, non-support and divorce cases, and administer mothers' pensions. Dayton's Court of Domestic Relations was established in 1917, the second in the state. Since then every other large city in Ohio, except Cleveland, has established such a court.

Judge Arthur Markey, of the Dayton Court of Domestic Relations, became convinced through the tragedies that appeared before him in the divorce court that the court is as responsible for the welfare of the children in these cases as for those children brought before him in the juvenile court. He felt that a constructive service of prevention could be established within the framework of the court. In 1929 he established the reconciliation department to handle the unofficial work of the divorce court. It is a recognized fact that juvenile courts do much of their effective work in unofficial cases which are worked out by the probation officers without any official court action. This same method has been put into practice in the Domestic Relations Division of the Dayton court.

The services of the consultant are open to anyone asking for advice. From the very beginning, the ever-increasing number of applicants showed the need for this department. All kinds of problems were brought in, some trivial, some of long standing dissension. People of varying social status have come, including public officials, professional men, business executives, social leaders, as well as artisans and laborers. Many of them would under no consideration consult a social agency, but do not hesitate to turn to the court. With increasing frequency attorneys are referring to the department clients for whom a reconciliation seems preferable to a divorce. Even after a divorce petition has been filed, the defendant often comes in asking the consultant to interview the plaintiff in the hope that a reconciliation can be effected. The attorneys are cooperating with the court so freely that such an interview can always be arranged and frequently results in a permanent reconciliation.

The initial interview with the complainant is necessarily a long one, as it takes time to hear first the excuses and the blame, then the rationalizations of deep seated motives and emotions, down to the underlying causes of the trouble, the background, history and sex life. The next step is to call in the mate and hear his (or her) explanations, causes of dissatisfaction and his version of their common married life. And such utterly opposite stories of the same occurrences as can be told by two individuals, both sincerely and honestly trying to tell the truth! These introductory interviews, with such further investigation as is necessary, are the basis of the analysis and diagnosis of the problem. As the various factors in the problem are analyzed and differentiated, treatment for each is begun. When the problems are understood, and mutual cooperation is secured, both man and wife are brought in for an interview together and the real treatment of the marriage problem begins.

In addition to the customary identifying data, the face sheet used in these cases contains an outline table of contributory factors. This has been made comprehensive and detailed enough to record the various causes of domestic difficulties. Twenty-four factors are listed under the four general divisions,—personal, economic, social and health.

The two most prevalent factors in the personal field are behavior problems and sex maladjustments. The former are usually such behavior difficulties as a wise parent (are there any?) could correct at the age of three, but a psychiatrist finds almost impossible at thirty-three. Some sex maladjustment is present in two-thirds of the cases. This is usually due to ignorance either of the ordinary physiology or of the more subtle psychology of marriage. Age variance and cruelty are among other factors in this field.

Poor management, extravagance and too easy credit are present on all rungs of the social ladder. In the present abnormal economic situation, worry over finances is the ever present stimulus to domestic quarrels. Even in normal times, half of the domestic trouble is due to poor management of the finances in the home and this is as true of the husband as of the wife. Other economic causes are the economic independence of the wife, and non-support.

Another disintegrating factor is surprisingly prevalent. The influence of overzealous relatives aggravates 45 per cent of the cases. The union of two lives and the mutual interpretation needed is necessarily difficult. This adjustment is complicated immeasurably by the close observance of an interested audience of relatives, who are too ready to applaud or blame. Love is a marvelous interpreter but has no chance with onlookers. Better one room alone where the newly married lovers can love, laugh and quarrel without the aftermath of advice and sympathy. Some other factors appearing in this field are religion difference and difference in social background.

A person's emotional life is so closely related to his physical being, that health is another important division. One whose physical equilibrium is upset has difficulty in maintaining the poise and calmness necessary to normal married life. Women's ill health due to troubles following childbirth is the most common form. Exophthalmic goiter, diabetes, epilepsy, and venereal diseases are a few of the many diseases which have a direct effect on married life. The derangement of mental health is a more common cause of marital trouble than is generally recognized. One-fifth of the cases coming into the department are diagnosed by a psychiatrist as psychopathic or borderline psychopathic. Sometimes the realization that the irritability, unreasonableness and nagging are due to a need for physical or mental treatment encourages the complaining party to use a new patience and understanding while such treatment is being provided, and arouses his loyalty and affection to carry the family through.

These outstanding causes are complicated by numbers of secondary factors so that the problem must be analyzed and the various factors treated by case-work methods. Problems are referred to other specialized agencies when necessary. The visiting housekeepers assist as advisers in household economics problems; the mental hygiene clinic in psychiatric examinations and treatment; the hospital clinics and medical specialists in physical health problems.

Dayton considers the reconciliation department of the court an important additional service to the public. In numerous instances the court has definite knowledge that the action of this department has prevented delinquencies and divorces. The cumulative social value of work of this kind can only be estimated."

Syphilis in North Carolina.—The final report of the committee appointed by the North Carolina State Board of Health to consider the syphilis problem in the State was submitted on January 26, 1933. In accordance with the preliminary plan, the committee conducted its activities along six main lines: (1) To determine the incidence of syphilis throughout the entire state by conducting a census of cases under treatment on a single day by ascertaining the prevalence of syphilis among the inmates of state institutions, by making a state-wide Wassermann survey on various groups of individuals, and a statistical analysis of case and laboratory reports; (2) to determine the degree of cooperation that might be expected from the medical

profession in a campaign against syphilis; (3) to determine the cost of caring for inmates with syphilis in state institutions; (4) to enlist official cooperation toward instituting routine blood tests in state institutions and giving adequate treatment to those found infected; (5) to secure inclusion of \$20,000 for syphilis control work in the State Board of Health appropriation for the biennium 1933-35; (6) and to prepare for the Board a practical state-wide program for the control of syphilis.

Briefly, some of the statistical findings in the prevalence inquiries were as follows: On the basis of reports from clinics, and from 299 physicians, or half of all physicians in the state, it was estimated that about 10,000 patients were under treatment or observation on October 10, 1932. It was further estimated that only 1 case in 27 is actually under treatment. In 6 state institutions where a routine Wassermann was performed on all new admissions, an average of 6.8 per cent were afflicted with syphilis. The lowest prevalence was 0.6 per cent in the State School for the Blind and Deaf, and the highest 20.2 per cent in the Goldsboro Hospital. In the state prison the prevalence was 5.1 per cent. The Committee invited 1,344 physicians practicing in all parts of the state to submit blood specimens for examination. Of these 533 submitted 3,468 satisfactory specimens, from both white and colored persons. Serological tests showed 20.1 per cent positive (30.2 per cent for the colored race and 12.1 per cent for the white; 21.9 per cent for females and 19.0 per cent for the males). By ages the highest percentages of positives fall in the age group 25 to 29 for both the white and colored. Of a group of 172 prenatal patients examined by blood tests, 14.0 per cent were positive, 19.4 per cent among colored women and 5.8 per cent among white women. Blood specimens were also submitted from 84 applicants for marriage license certificates. Of these 22.6 per cent were positive.

As to the proportion of physicians who might be expected to assist in state-wide control program, 40 per cent contributed data in the present study and that percentage is taken as a reasonable estimate of cooperativeness among the medical profession.

Six state institutions furnished fairly complete information on the per diem cost of caring for syphilis cases. In these the daily cost of food averaged \$0.336 per patient, or over \$75,000 for 634 cases for one year. Treatment for these same patients would cost about \$5,000 for one year.

A letter was sent to all 13 state institutions requesting the establishment of a Wassermann test on all new admissions as a routine procedure, and the adoption of the treatment record approved by the State Board. The plan of treatment therapy recommended by the State Board is to be placed in the hands of superintendents of state institutions at an early date.

The program of syphilis control included chiefly the provision that efforts should be made to raise the standard, or quality, of treatment rendered by private physicians and treatment clinics in the state through (a) dissemination of material dealing with modern methods of diagnosis, technique and treatment; (b) closer supervision

of existing clinic facilities, in the interest of uniformity and adequacy and thoroughness of treatment; (c) cooperation with practicing physicians and county medical societies.

Practical Family Consultation Service.—Readers who enjoyed the articles by Dr. Robert G. Foster and Dr. Edith Hale Swift on the subject of family counselling (October, 1933 *Journal of Social Hygiene*) will be especially interested in the further comments of Miss Marie I. Rasey, Parental Advisor to the Detroit Public Schools, and one of the moving spirits of the Detroit Family Relations Bureau.

One of the conclusions to which most parent educators are finally driven is that the most difficult problem of children is often their parents. The questions asked, and the comments made by parents in Parent Education classes when they discuss their children and their difficulties intensifies this conclusion. When a mother says, "What do you suppose is the matter with my boy?"—the very statement of the question may show that there is nothing the matter with the boy at all. The trouble is with the mother.

While it is true that with our wider interpretation of parent education, such people come to learn a good deal of practical applied psychology and occasionally achieve a more efficient life philosophy, it is still true that vast numbers of these people have difficulties of their own so entangling and compelling that any ordinary matters of child-care or parenthood are totally eclipsed by their own greater needs. A large portion of the time these parent problems lie quite outside the range of the parent educator. They are items for which he is in no way prepared or justified in undertaking. The major portion of these questions in the experience of the Parental Advisory Department of the Detroit Public Schools are of marital adjustments. These problems are not necessarily serious in and of themselves, but their maladjustment means confusion and tension in the home environment, and often enough suspicion and irritability on the part of the parents. Physical ailments rank second in these problems, and everyone knows how even slight aches and pains can ruin dispositions, corrupt attitudes and make otherwise pleasant, well-adjusted individuals difficult to live with and nearly impossible to please. In this last little while overdue mortgages, delayed checks, and occupational insecurity have added their measure to the problems of parenting. While such things are harrowing the soul, instruction in child care and adolescent problems is likely to be worse than futile.

If the type of person described were limited to those relatively few who are balanced on the edge of divorce, or economic ruin, or physical incapacity, it might seem possible to redirect them to the various specialists whose services they require. But the group is not so limited. It is made up of the general run or garden variety of parent, whose life pattern usually runs smoothly and satisfactorily, but whose effective parenthood is marred by one or more of these problems. They need to have their difficulties cleared away before they become problems. This group makes up that vast number of

ordinary normal people, whose normal problems we are trying to help solve in order to keep their ordinary, healthy, normal children normal.

This group of people require the service of experts; for here as in other fields of service, it demands greater skill to isolate and diagnose a difficulty in its incipient stages than in its advanced forms. When things are in this stage the average parent does not seek the services of the specialist. Either the difficulty is not sensed or the cost is prohibitive. For this reason I see great need for a community consultation service which will make expert service available to everyone, at a nominal fee, but sufficient to keep the service out of the charity class. Perhaps the first service rendered by such consultation is the mere listening—for the need of a woman for talking out her difficulty is not alone a matter of emptying her troubles upon someone else, comforting as that may be, but there is also a very salutary effect from hearing her own tale told aloud. It serves to rebound her own ideas into her grasp, as a wall sends back a handball. The diagnosis of real difficulties, physical, psychological or economic is half-way to cure, and of course demands expert service.

In the cases where this service has been available miracles seem to happen. The clearance of adult problems smooth the way for the clearance of child problems. With tensions relaxed, the mother can give her attention to parental education instruction and things begin to right themselves in the home and with the children. Even those problems for which there is no solution and which permit of no other treatment than that of squaring them to the shoulders and carrying on, even those burdens are the easier borne and in some cases seem actually to be lessened by the help given by expert workers in the field of family relations.

“Anthropology teaches us two things: marriage and the family have changed; they have developed; they have grown and passed through various stages. But, through all the changes and vicissitudes of history and development, the family and marriage still remain the same twin institution; they still emerge as a stable group showing throughout the same characteristics; the group consisting of father and mother and their children, forming a joint household, cooperating economically, legally united by a contract and surrounded by religious sanctions which make the family into a moral unit.

“Every society, then, teaches its members the two matrimonial commandments. The one given to males is: if you want to possess a wife of your choice and have children with her, you will have to shoulder your share of duties and burdens. The one for the woman is: if you want to become a mother you must stick to the love of your choosing and do your duty by him as your husband as well as by your children.”

BRONISLAW MALINOWSKI.

CURRENT PUBLICATIONS AND CORRESPONDENCE

LEISURE AND ITS USE

Excerpt from the Report of President Nicholas Murray Butler, Columbia University, 1933

"One of the most obvious objects of education and of life itself is to learn how to live. That means two things: first, that one must make life physically possible by such compensated effort as will provide the necessities of physical existence and comfort for himself and those dependent on him; and second, that one will seek to find and to make opportunity to use his human capabilities and abilities in larger and non-material ways and fashions, both for his own individual satisfaction and for the good of his kind.

The first of these we call work, and the second we call leisure. There is a vast difference between leisure and unemployment. Unemployment means an absence of work, and that destroys the basis for real leisure. Unemployment merely fills the hours of the day with worry and anxiety. So long as work is not available, leisure is impossible, since leisure is the outgrowth and accompaniment of successful work.

An immense proportion of the population of the modern world has known very little leisure and still less enjoyable and interesting leisure. Work, the first of the two aspects of life, has occupied most or all of their waking hours, and such little time as they might have given to leisure has really been spent in recovering from fatigue. We have now come to a point where the interest of the intelligent mass of mankind is focused on so raising the general standard of living that, first, work will be systematically provided and properly remunerated, and second, that leisure will be offered, together with indication and guidance as to how that leisure may best be used.

One of the physical characteristics of leisure is that it involves the rest and relaxation of the nervous system. The strain on the nerves of a brain worker of any kind is very serious and very severe during the hours of occupation, whether these be long or short. The relaxation, therefore, should in such cases involve opportunity to take part in outdoor life, in physical exercise, or in games. It may take the form of light occupation of some non-serious sort, such as working in a garden with flowers, trees or vegetables. It may often involve the reading of books, hearing good music, or visiting noteworthy collections of art, thereby expanding the field of intellectual interest and activity. What has now become exceedingly important is that the hand worker should not only be offered leisure, but should be guided toward its interesting and helpful use. This means outdoor interests, sports and occupations of various kinds. Moreover, we need to place increased emphasis upon the intellectual guidance of our whole adult population. Adult education does not mean going to school or even following any rigorous program of instruction. What it does mean is guidance and suggestion from competent sources as to one's sys-

tematic reading, as to one's standards of appreciation and judgment in art, in science and in literature, and as to one's occupations in either work or leisure. The exercise of this guidance must be very carefully done and must always avoid prescription or control. It would be foolish in high degree to offer a list of books to a man who has been toiling for six or seven hours in a mine. His natural desire would be for the open air, and it would be there that he would naturally wish to look for his relaxation. One great trouble heretofore has been the comparatively few hours that physical workers have had for relaxation. The time has now come, however, when with shorter hours of labor, leisure and its relaxations are fortunately to take a much larger place in the life of the hand-worker than they have ever done before.

Properly used, leisure will increase the capacity for useful and productive work. This is really the basis of the new argument for shorter hours of labor. That argument is not that shorter hours of labor will result in less work being done, but that it will result in more work being done or in the same work being better done. Of course, this means that there should be no artificial limit put to a worker's power of production. He should lay as many bricks in a day as he comfortably can without regard to the capacity of other workers engaged in the same occupation. In this way the advantage of those things with which he occupies his leisure will manifest itself in his capacity for work. We have a very long way to go in dealing with this question, because there are parts of our own country and of other countries in which the standard of living is far below what it should be. This standard cannot be raised all at once, but nevertheless it should be our object to raise it by all means in our power, and as rapidly as possible. One great obstacle to the freer movement of international trade, which freer movement would be of so great benefit to the people of the United States and to many other peoples as well, is that the condition of workers in some lands is still so very low as to make it quite incommensurable with the condition which we have in mind for our own workers of today and tomorrow. This is an international problem of large importance and it will not down.

Different nations are already approaching the problem of leisure and its use in definite fashion. The new government of Italy has developed an extraordinarily brilliant program for the interesting and enjoyable use of leisure on the part of both children and adults. The German people have long had their own way of solving this problem and have made large use of physical exercise, of music, and of open-air life. The British, like ourselves, are dealing with this question just now in serious and practical fashion and along very much the same lines that are projected and advocated in the United States.

The fundamental fact to be grasped is that work and leisure are two interdependent parts of one and the same thing, which is an interesting and a useful life. He who does not work loses one of the greatest of life's enjoyments, and he who has no adequate leisure and no knowledge of how to use that leisure is deprived of life's greatest satisfaction."

NEWS FROM OTHER COUNTRIES

India.—Changes in the outlook on prostitution in India is a small section of the much larger subject: "Changes in the outlook on life in India. The new age in that land is no different from the new age everywhere," stated Herbert Anderson, of Calcutta, before the Imperial Social Hygiene Congress in London in July, 1933.

Certain basic principles are at work in India's outlook on prostitution, such as are also observed throughout the world: a new reverence for human personality, an equal moral standard for men and women, justice for children among all races, under all conditions, in all social circumstances, the determination to secure a new social liberty, a new standard of values that shall give womanhood equal rights with men, in education, property and citizenship, even the right of personal choice of a life partner in marriage, and an equal right to a worthy share in shaping the destiny of the motherland.

While only a little less than 3 per cent of the female population of India over five years of age can read and write, the verdict of the Indian Statutory Commission was that "The Woman's Movement holds the key of progress." It has grown with a vigor and rapidity without parallel in any other of the social movements of today.

The problem of prostitution in India is not the evil of immorality, deeply rooted still in all the world's civilizations, but rather "the brothel."

The first change in outlook on prostitution to be noted is that *Indian society* is itself investigating the evil, facing the facts of the situation in the great cities, and using the Provincial legislatures to enact laws to deal with it. For example, The Suppression of Immoral Traffic Act, penalizing those who profit by the immoral earnings of others, was passed in the Bengal Legislative Council, without a division, on the 31st of March last. Indian society represented by the Bengal Women's Union and by the Indian Members of the Bengal Provincial Council carried this legislation to a successful issue. This Act followed similar legislation in Bombay, Madras, Burma, and Ceylon.

A second change of outlook on prostitution is, that enlightened civic opinion demands today, and is succeeding in obtaining, *a new standard of public decency* in Eastern cities. In contrast to former times the vileness and flagrancy of prostitution has been greatly reduced. Today visitors to Calcutta can never see the sights in the European segregated areas that were common twenty-five years ago. There is a new and cleaner civic conscience today. Though not destroyed, European prostitution in Indian cities has now the character of a wounded snake—dragging its slow length along. Other cities are equally progressive in controlling the outer aspects of the vice. Streets which were notorious for their parade of vice in Bombay are now comparatively quiet thoroughfares.

A third change of outlook on prostitution is the attention given to the subject by the Women's Movements in India, already referred to. The isolated efforts of individual pioneers in previous days has now grown to groups of women.* Some of the noteworthy groups are, The Woman's Indian Association; the All-India Woman's Conference, with branches in all the principal towns of British India, as well as in the more progressive Indian states; the National Council of Women in India; and the Bombay Presidency Women's Council. This last organization helped effectively in the passing of the Children's Act for Bombay and in legislature on prostitution, maternity benefits, and the Age of Consent Act.

A fourth change in India's outlook on prostitution is associated with the sacerdotal prostitution connected with temple worship in South India. To Mrs. Muthulakshmi Reddi of Madras, belongs the distinction of a patient and partially successful campaign for emancipating the temple girls from their age-long degradation. The Bill she sponsored in the Madras Provincial Council was finally passed in March, 1930. It stopped dedication of girls up to the age of eighteen, but wily priests began taking girls beyond the age limit legally settled, and so made the law ineffective. However, the Indian States of Mysore, Travancore, Cochin and Pudukottah have abolished Devadasis from their temples and have prohibited the ceremony of dedication under severe penalties.

The speaker commented at some length upon the two reports of the League of Nations Commission on the Traffic in Women and Children in the East and its findings. He says among other things, "Few will disagree with the conclusion to which the Commission came that the most effective policy, under the world conditions that prevail today, is that of striking at the trafficker's business organization—the licensed or recognized brothel. In all countries, India included, the brothel determines the trend of the traffic, its profits, and the methods by which recruits can be secured."

Palestine.—The annual report of the Department of Health in Palestine for the year 1931 shows 692 cases of syphilis and 15 deaths due to this disease in the area under the Department's jurisdiction. The report summary speaks particularly of the method of control of syphilis in Hebron district, saying that the disease has long been a problem in that area particularly and that every effort of control so far has met with indifferent success because of the lack of whole time services of an expert endemic officer, which will be necessary before the campaign can be really effective. The proportion of syphilis cases in comparison with the whole number of 14,110 cases (all infectious diseases,) was 4.9 per cent.

BOOK REVIEWS

WINDOWS ON HENRY STREET. Lillian D. Wald. Boston, Mass., Little Brown & Co. \$3.00. 348 p.

The story of Henry Street since 1914 as told by Miss Wald has a charming although disarming quality of casualness about it. It is most readable, but lay readers as well as professionals may hardly realize that they are enjoying in the absorbing story a searching analysis of the goals of social services. In it are no "case histories," but the stories of living, breathing friends of the House, both high and low, are, of course, more revealing illustrative than are the usual "Anna R., white, female, age 19's" which seem to be indispensable adjuncts of the formal social science treatise.

The profound influence of Henry Street upon the development of public health nursing is told simply and without false modesty. The picture of modern visiting nursing practice which is unfolded should benefit the movement for it will surely create wider public appreciation of, and interest in, the variety of services now included in public health nursing. Similarly, the related social services are depicted in turn in this moving, human story, and the telling should develop new understanding and support for them too.

Inevitably, the story leads from the consideration of social services to broader social questions. A belated good word is said for prohibition; social insurance is introduced; a sympathetic picture is drawn of the new Russia, in the stories of emissaries entertained at the House and visits to that country; finally, a plea is made for universal peace. Obviously, these are subjects upon which most readers have prejudices too deeply ingrained to give the recounting a dispassionate hearing. It is quite probable that to the extent each reader's prejudices are violated by just so much will the book's pleading for better social services be minimized. Fortunately, we are learning to tolerate new ideas and conceptions, a healthy sign.

Like its predecessor, this book is a moving, inspiring document. Let it be hoped that it will find its way into the hands and hearts of intelligent Americans to whom the enhanced social services of the future must look for understanding support.

SOPHIE C. NELSON.

GONORRHEA AND KINDRED AFFECTIONS: MALE AND FEMALE. By George Robertson Livermore, M.D., F.A.C.S., and Edward Armin Schumann, A.B., M.D., F.A.C.S. New York and London: D. Appleton and Company, 1929. 257 p. \$5.00.

In the brief compass of this book of 257 pages are considered gonorrhea in the male and female and its complications, chaneroid, venereal warts, granuloma inguinale, a serious and common disease among American Negroes, and lymphogranulomatosis inguinalis, a rare and comparatively unimportant disease. The authors have en-

deavored to produce a short and practical work emphasizing pathology and diagnosis.

It is gratifying to find the authors stressing the prevention of gonorrhea as one of the important matters to which the attention of physicians should be directed. Some pessimism is expressed regarding application of chemical prophylaxis, and formal educational measures. No hope is to be found, they believe, in the medical examination of prostitutes. "The authors believe the solution of this problem lies in the home, the church, the Boy Scouts and the Y.M.C.A., in conjunction with the educational campaign of the Government," and many will agree with this point of view.

The unsatisfactory state of our knowledge of gonorrhea is repeatedly emphasized in this brief book. Thus the authors say:

"It is a sad commentary upon the present-day treatment, however (when we consider the rapid advances made in the knowledge of this disease since the discovery of the gonococcus), that we have no specific for its cure, and that there is such a diversity of opinion as to the proper method of treatment and such a multiplicity of remedies. The fact that there is no standard treatment and no drug that is uniformly used, proves conclusively the inefficacy of any one of them.

"When to these indictments (gonorrhea as a cause of invalidism and sterility) one adds the facts that diagnosis is frequently attended with great difficulty, and that treatment is still in a most unsatisfactory state, no real specific plan of attack having as yet evolved, it seems superfluous to stress the necessity for the most painstaking study of the disease and the most unremitting prophylaxis against its continued wide distribution.

"The treatment of chronic gonorrheal cervicitis forms one of the major duties of the gynecologist, and nowhere are his knowledge, technical skill and resource more strongly brought into play and nowhere in his field, except possibly in the management of carcinoma, does disappointment more frequently repay his most conscientious efforts.

"Hospital internes become discouraged, nurses skeptical as to the possibility of cure and a general attitude of pessimism is usually noted, where many cases of vulvo-vaginitis are under treatment."

A particularly good though brief history of gonorrhea is given in the opening pages of the book. Another special feature is one of the best recent accounts of granuloma inguinale to be found in the literature. Should there be another edition of this book, it is to be expected that some discussion of the use of Fuadin in the treatment of granuloma inguinale will be included. There is a brief chapter on lymphogranulomatosis inguinalis, but no discussion of its treatment.

In general, one may say that this book is well presented, especially rich in illustrations, both of cases and of techniques and that it is readable.

The numerous methods of treatment which are suggested for all manifestations of gonorrhea will probably leave the practitioner wondering what to try on the cases in his practice. While the authors usually give an indication as to their own experience and preference, they adhere to a judicial view and the judicial view is the hardest one to follow. Doubtless the very unsatisfactory state of treatment methods makes it impossible honestly to advocate specific methods with enthusiasm. Of warnings regarding what not to do, there are plenty in this text—and that perhaps is the most important advice to be given regarding treatment.

WALTER CLARKE

SOCIAL HYGIENE AND THE NURSE

Pamphlets, Books, Charts and Exhibits Especially Selected for Use by the Nursing Profession

With the exception of the doctor, no one comes more directly face to face with the whole reality of social hygiene than the nurse. Whether engaged in private practice, public health or school nursing, or other branch of the profession, she is constantly confronted with problems not only of prevention, relief, and control of syphilis and gonococcal infections, but with conditions involving as well family relations, protective and recreational measures, and character education. To meet these problems she needs all the understanding and knowledge that can be supplied from the experience of others who have grappled with them.

The American Social Hygiene Association invites the nursing profession to make full use of its publication facilities and graphic material as described in the following text.

Pamphlets

(Unless otherwise indicated, published by the American Social Hygiene Association and free to Association members. Price to non-members 10 cents per copy, or as stated. Special set of 12 pamphlets, your own selection, \$1.00. Scrapbook containing complete set of Association pamphlets listed, charts, and folders, \$3.00. All prices plus transportation.)

The Community Problem	Pub. No.
<i>Social Hygiene and the General Health Program</i> , E. L. Keyes.....	862
<i>The Social Hygiene Program—Today and Tomorrow</i> , C.-E. A. Winslow	832
<i>Social Hygiene Education in a City of Medium Size</i> , J. B. Pinney....	854
<i>Hidden Costs in Industry</i>	751
<i>Suggestions for Organizing a Community Social Hygiene Program</i>	889
<i>Behind the Front Lines</i> . Series I, No. 10 and Series II, No. 6. Association of Community Chests and Councils. 5c.	

Syphilis

- Congenital Syphilis*, J. F. Schamberg and C. S. Wright. United States Public Health Service. 5c.
The Congenital Syphilis Problem, M. J. Exner. Rhode Island Medical Journal. 10c.

Gonorrhea

- Gonorrhea in the Female*, W. M. Brunet and R. L. Dickinson. United States Public Health Service. 5c.
Gonococcus Infection in the Male, P. S. Pelouze. United States Public Health Service. 5c.

Special Venereal Disease Problems

- Social Hygiene and the Prevention of Blindness*, W. F. Snow..... 782

Legal and Protective Aspects of Social Hygiene	Pub. No.
<i>Law Enforcement in Social Hygiene</i> } Bascom Johnson.	{ 797
<i>Substitutes for Vice</i> }	{ 888
<i>A Protective Measures Program</i>	858
<i>Relations of Police and Health Officials</i> , W. F. Snow.....	803

Education and Sex Social Problems

<i>Health for Man and Boy</i>	} W. F. Snow	{	839
<i>Women and Their Health</i>			840
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<i>Sex Education in the Home</i> , H. W. Brown.....			844
<i>Your Daughter's Mother</i> , R. K. Gardiner.....			319
<i>From Boy to Man</i> , N. W. Edson.....			626
<i>The Question of Petting</i> , M. J. Exner.....			853
<i>Established Points in Social Hygiene Education</i> , M. A. Bigelow.....			820
<i>A Formula for Sex Education</i> , 5c.....			778
<i>Revising Our Attitude Toward Sex</i> , E. V. N. Emery. National Committee for Mental Hygiene. 15c.			
<i>Some Undesirable Habits and Suggestions as to Treatment</i> , J. Taft. National Committee for Mental Hygiene. 15c.			
<i>Growing Up in the World Today</i> , E. V. Clapp. Massachusetts Society for Social Hygiene. 20c.			
<i>Guiding the Adolescent</i> , D. A. Thom. U. S. Children's Bureau. Pub. 225. 10c.			

A Summary

The Nurse in Control of Syphilis and Gonorrhea, by Gladys Crain, R.N.

A series of 9 papers. Massachusetts Department of Public Health. 10c.

1. Public Health Nursing and the Medical Aspects of Social Hygiene.
2. Syphilis. What the Public Health Nurse Should Know About the Patient and the Disease.
3. Familial Syphilis. Significant Facts for the Public Health Nurse.
4. Syphilis. Some Facts Regarding Diagnosis and Treatment.
5. Syphilis. A Review.
6. Facts About Gonorrhea.
7. The Public Health Nurse and the Community Social Hygiene Program.
8. The Public Health Nurse and the Educational Phases of a Social Hygiene Program.
- and
9. The Nurse in the Control of Gonorrhea and Syphilis—As the Health Officer Sees Her. By N. A. Nelson, M.D.

Books

(The Association will be glad to secure any of the book publications mentioned, on request.)

The Community Problem

Veneral Diseases—Their Medical, Nursing and Community Aspects, William F. Snow. New York, Funk and Wagnalls, 1924. 59 p. 30c. (National Health Series)

A Curriculum Study in Social Hygiene, Mae D. McCorkle. (Mimeographed.) American Social Hygiene Association and National League of Nursing Education. Prepared especially for use in training schools for nurses. Contains a detailed bibliography. 65c.

Problems Relating to Syphilis and Gonorrhea

Dermatology and Syphilology for Nurses, J. H. Stokes. Philadelphia, W. B. Saunders Co., 1930. 311 p. \$2.50.

Sex and Social Conduct

Sex and Common Sense, A. Maude Royden. New York, Putnam, 1922. 211 p. \$2.50.

So Youth May Know, Roy E. Dickerson. New York, Association Press, 1933. 100 p. \$1.00.

Sex Education and Training for Parenthood**Child Training**

Parents and Sex Education, B. C. Gruenberg. New York, Viking Press, 1932. 112 p. \$1.00.

Growing Up. Karl de Schweinitz. New York, Macmillan, 1928. 111 p. \$1.75.

The Way Life Begins, B. C. and V. M. Cady. New York, American Social Hygiene Association, 1917. 78 p. \$1.50.

Adolescence and Its Problems

Normal Youth and its Everyday Problems, D. A. Thom. New York, Appleton, 1932. 368 p. \$2.25.

Adolescence: Educational and Hygienic Problems, M. A. Bigelow. New York, Funk and Wagnalls, 1924. 60 p. 30c. (National Health Series.)

Sex Hygiene. The Anatomy, Physiology and Hygiene of the Sex Organs, Von Sneider and Sundquist. New York, Holt, 1926. 114 p. \$1.75.

Marriage and Adult Problems

Modern Youth and Marriage, Henry Neumann. New York, Appleton and Co., 1928. 146 p. \$1.50.

The Sexual Side of Marriage, M. J. Exner. New York, Norton, 1932. 252 p. \$2.50.

Sex in Marriage, Groves and Groves. New York, Macaulay, 1931. 250 p. \$3.00.

Methods and Objectives of Sex Education

Social Hygiene in the Schools. White House Conference on Child Health and Protection. New York, Century Co., 1932. 59 p. 50c.

Charts and Exhibit Materials

Charts—Showing the nurse's relation to the problem of syphilis and gonorrhea:

Twelve Social Hygiene Axioms for Nurses

Can Venereal Disease Be Controlled?

How Syphilis Spreads

Extent of Syphilis in Pregnancy

Prevalence of Syphilis in Industrial Groups

Prevalence of Congenital Syphilis Among Children

Pregnancy—Syphilis

Case Finding in Gonorrhea—a Familial Disease Problem

Case Finding in Familial Syphilis and Prevention of Congenital Syphilis

Prevention vs. Treatment of Congenital Syphilis

Set of 10, 17 x 22 inches, colored and mounted, \$5.00; black and white, unmounted, \$1.00; miniature, 8½ x 11 inches, 10c. per set, or \$1.00 per dozen sets.

Screen—Three panel folding screen with pamphlet display, \$2.00; or available for loan, transportation charges only.

Scrapbook—The American Social Hygiene Association pamphlets and charts contained in the above reading list. For reference or display, \$3.00 plus transportation.

Films—Seven subjects for general and special use, in 16 or 35 mm. May be purchased or rented. Ask for descriptive folder No. 766.

Special exhibits prepared on request.

ANNOUNCEMENTS

Autumn Greetings.—The JOURNAL resumes publication after the usual summer 'vacation' with a sense of being challenged to its best efforts in the months to come. So much is happening in the field of social work, so many stirring events deserve comment and evaluation, that we can scarcely hope to cover them all in the limited space at our disposal. In selecting the most important matters for discussion, we ask the help of our readers. Your comments on current social hygiene affairs—your suggestions as to timely articles and news items—will aid us in keeping the JOURNAL in the forefront as a magazine of genuine value to all who are interested in social hygiene. Please let us hear from you.

This Month.—It is a pleasure to be able to list such a satisfactory group of authors in this month's Table of Contents. Professor Lichtenberger, Professor of Sociology at the Wharton School of Finance and Commerce, University of Pennsylvania, has contributed to JOURNAL columns before. . . . His present article, *The Sociologist Looks at the Family*, contains new food for thought. Dr. Crabtree, one of Boston's outstanding physicians, president of the Massachusetts Society for Social Hygiene and a member of the Association's Board of Directors, in *The Present Status of the Disease Gonorrhea* discusses his subject in a manner interesting to the medical profession and laymen alike. . . . *Syphilis Clinics in New York City*, by Drs. Carr and Goldberg, reports in brief on an important study which may serve as an illustration of what community social hygiene groups can do to evaluate local treatment facilities, with a view to improvement if necessary. . . . We ask your attention especially to *Social Hygiene and the Nurse*, a bibliography of which the nursing profession has already requested 5,000 copies in preprint form. A few more are available, without charge. *Extra copies of the JOURNAL, 35 cents each. Single copies of reprints, free to members, or 10 cents each to non-members.*

Next Month.—The November Journal is planned to deal with Popular Health Education in Social Hygiene. Among the leading articles will be: *Veneral Disease and the Patient*, a discussion of the emotional reactions of the average man on learning that he has syphilis or gonorrhea, based on interviews and observations of 10,000 patients, by two experienced social workers, B. H. Regenberg and R. A. Durfee. . . . *The Church and the Conspiracy of Silence*, by Dr. Arthur F. Hall, junior, in charge of public education on syphilis, for the Life Conservation Division of the Lincoln National Life Insurance Company, absolves religious groups from major responsibility for such conspiracy. . . . *Notes for a Talk to the General Public on Syphilis and Gonorrhea*, by Dr. Walter Clarke, should be immediately useful to persons called upon to speak in this field. . . . Other helpful items will include a summary of the Association's efforts and experiments in the field of popular health education, with reading references, news items and book reviews as usual. *Don't fail to arrange for receipt of this number. Extra copies 35 cents as usual.*

And in December.—Any contribution from the pen of Paul Popenoe commands thoughtful consideration. A new article, *Betrothal*, deals with the social function of the engagement period, and discusses some of the perplexities which confront engaged couples in this present age. . . . *Sexual Problems of Adolescents*, by Dr. Ira S. Wile, presents another angle of youth's dilemma. Both these notable articles are planned for the December number of the JOURNAL, with other useful and up to date material, as usual.

New Publications.—Your attention is invited to the three new Bulletins on *Character Building* described on page 350 of this issue of the JOURNAL. Useful to all social hygiene workers.

Membership in the Association, with its privileges of receipt of the JOURNAL, the News, pamphlets and other publications, would be a welcome gift to your friends and acquaintances. Annual dues \$2.00.

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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

50 WEST FIFTIETH STREET, NEW YORK CITY

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JEAN B. PINNEY, MANAGING EDITOR
WILLIAM F. SNOW, EDITORIAL CONSULTANT

The American Social Hygiene Association presents the articles printed in the JOURNAL OF SOCIAL HYGIENE upon the authority of their writers. It does not necessarily endorse or assume responsibility for opinions expressed or statements made. The reviewing of a book in the JOURNAL OF SOCIAL HYGIENE does not imply its recommendation by the Association.

The JOURNAL OF SOCIAL HYGIENE is supplied to active members of The American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each.

Price \$3.00 per year; 35 cents per copy.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.
Acceptance for mailing at special rate of postage provided for in Section 1103,
Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing
Company, Inc., 372-374 Broadway, Albany, N. Y.

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Title Registered, U. S. Patent Office.

Member, Union Internationale Contre Le Péril Vénérien
4 rue de Sèvres, Paris, France

Journal of Social Hygiene

VOL. XX

NOVEMBER, 1934

NO. 8

VENEREAL DISEASE AND THE PATIENT

B. H. REGENBURG, M.A.

and

R. A. DURFEE, B.S.

Social Service Department of the Public Health Institute, Chicago, Illinois.

“Young man, you have syphilis.”

Suppose you were to visit your physician tomorrow and hear those words. What would your reaction be? What would you think? What *does* the patient think?

Much has been written about the thoughts of the specialist as he pronounces his diagnosis, but what about the poor sufferer? Little has been said concerning his thoughts. He faces a crisis. While the doctor thinks of germs, prescriptions, and treatments, the patient contemplates his misery, the expense, and the tragedy of the situation, while a torrent of ideas which refuse to become coherent floods his mind.

The serious expression of the physician, the grave concern of the nurse, the unusual odor of medicine, the terrifying, strange instruments, and the white-walled setting all leave an indelible imprint on the mind of the patient.

The fear that his friends or associates may learn of his condition is an important factor governing the patient's relations with the doctor and with his entire cycle of social contacts. Some infected individuals refuse to give their right names or addresses and live in constant dread that they will meet a friend or acquaintance while attending the clinic; while others who do disclose their true identity fear that in

some unaccountable manner it will become known that they are diseased. After the diagnosis is made patients frequently ask that their names be erased from the files and aliases substituted.

The many misleading stories which are told regarding the effects of syphilis or gonorrhea stress vividly the spectacular cases. Syphilis usually means to the patient ugly, unbearable afflictions and the mere mention of the name of the disease produces a severe emotional response. "Can't you call it something else?" one patient asked. "I know I am going to be all right; but when you say syphilis, the word makes me sick." There is no other disease, with the possible exception of leprosy or cancer, that the layman fears as he does syphilis. Although less dreaded, gonorrhea is often thought to be extremely painful.

Each year in some of the larger venereal disease clinics, thousands of patients are told that they have syphilis or gonorrhea: the youth whose sexual life has been brief; the older married man with his well-established home; the sophisticated man about town; the itinerant rowdy; the professional man—a representative group of all the strata of society. The authors, whose experience has been limited entirely to men, have been able to talk with over ten thousand individuals immediately after their diagnoses were established, and were in a position to perceive the tremendous emotional upheaval which often occurred. The authors always strove to mold the patients' opinion, to augment their knowledge of their condition and its dangers, and finally to endeavor to see through the patients' own eyes the disease as it appeared to them.

We are well aware of the fact that individual differences make the scaling of the human emotions according to social situations a difficult if not impossible task but, for the purposes of this paper, we shall place them roughly into three general classes according to the degree of emotional response: first, those who show a severe reaction; secondly, those who display a moderate amount; and thirdly, those who exhibit little or no concern.

Of those showing great emotional reaction one of the most prevalent types is the married man who has erred perhaps:

once or twice and who, when the diagnosis is revealed to him, finds himself facing almost certain marital discord or the possible dissolution of his home. His first thought almost invariably is, "What shall I tell my wife?" He is completely upset, bewildered, alarmed, and difficult to deal with; and for the first few days he may be so confused that talking with him has little or no value. His main concern is not with the disease but rather with the dilemma in which he finds himself. However, after this is satisfactorily adjusted, he usually becomes calm and is eager to continue treatment until he is cured. Such men nearly always prove to be friendly, cooperative patients.

Another type of individual who evidences considerable emotional reaction after learning the diagnosis is the neurotic. This person, who has always harbored a dread of disease and death, and who perhaps has remained awake at night listening timorously to the beat of his own heart, upon learning that he has gonorrhea or syphilis finds that this not only adds an impetus to his fears but provides an organic basis for his neurosis. He asks innumerable questions. He notices small things about his person which have before gone unnoticed. He develops a phobia which may cause more difficulty than the disease itself. One patient (to use an extreme example) after being told that he had syphilis which had damaged his cardiovascular system, changed his entire mode of living. Although he worked strenuously in a garage at night he denied himself the pleasure of moving pictures after working hours for fear that he would become too greatly excited. He lived in constant dread of being alone, because he was afraid that he might die then. The day was his most trying time; he found that the period before dropping off to sleep was a terrifying one; he expected his heart to stop with each beat. The diagnosis of syphilitic heart disease had transformed his whole life. He became sullen, introspective, and morbid.

Scattered here and there among the everyday file of patients, will be found the rather dissolute, pseudo-sophisticated youth who accepts the fact that he has a venereal disease as another opportunity to show how stoical he can be and how little such a misfortune means to him. Several of

these young bravados have confessed later that in reality they were terrified. They had assumed an outward veneer of indifference in order to hide their real emotion. Usually these young fellows, after they believe one has been sufficiently impressed by their manly attributes, make excellent patients and take treatment consistently until discharged.

A great many of the patients who portray great emotional upsets, break down almost completely. Some of them weep openly, others faint, a few experience nausea; and most of them are extremely anxious to get out of the examining room in order to smoke and steady their nerves. Numerous patients give vent to their reactions by cursing the sexual partner from whom they contracted the disease. Others, as the pseudo-sophisticate described above, mask their inward turbulence with an outward calm. Occasionally in an effort to ease their troubled minds, patients will become unreasonably antagonistic toward the examining physician. A portion of the patients doubt the diagnosis and most of them wonder at some time during treatment whether or not the doctor has made a mistake. Infrequently some patients with deep religious convictions feel that their disease is a just punishment for their sins.

Not unusual in clinic practice is the sceptic who refuses to believe the diagnosis and insists on having it checked by several other physicians. He will, in all probability, consult various doctors during the entire time he is under treatment and if he can find a physician who will tell him that he is well, the advice of the most skillful specialist will have no meaning for him. These men comprise, perhaps, the most difficult class of patients to treat as they never give their whole-hearted cooperation to any physician. This type of patient generally becomes visibly excited and asks many questions. He hopes against hope that the doctor may be wrong. He will search tirelessly for a physician who will agree with him. One individual in our experience carried with him a written summary of his case together with the opinions of no less than twenty-five physicians he had consulted regarding his condition in the comparatively short period of two years.

One patient, a young man possessing a degree from a large mid-western university and at present a social worker, nar-

rated in some detail an account of his reactions to the diagnosis of primary syphilis. The interview took place about two weeks after the diagnosis had been made while the memory of it was still fresh in the patient's mind and when, the extreme panicky sensations having disappeared, he could talk and think again in a normal manner.

He told us:

"When the doctor informed me I had syphilis I thought at first that it could not be true. There must have been some awful mistake. Then I wondered what I should do. I was planning to be married within a month and, if what the doctors told me was correct, I did not believe I could ever be married. I felt a bit sick at my stomach and my greatest desire was to get away from the physician so that I might go outside and think it over by myself. I couldn't imagine what to tell my girl, or my parents. I remember very little of what the doctors told me—the only thing I could think of was syphilis. After I left the clinic I tried to recall what had been told to me. Syphilis—that was terrible. Would it break out on my skin? Would it be very painful? Would it cost a great deal of money? I could feel my legs growing weak and my hands became clammy. When I left there I didn't go straight home. I started to walk as I felt better in the open air and it seemed as though I could think more clearly. I walked along in a daze. I was continually bumping into people. I vaguely remember a cab almost running into me. I forgot all about time. I later learned that I had walked for seven hours before reaching home. For several days I was extremely upset and absent-minded. I had no appetite and I was unable to sleep well. This condition was noticed at work but I told my employer that I was ill. I contemplated suicide but this seemed cowardly and finally I began to grow more rational as the realization that I could be cured continued to grow upon me."

The patient perhaps most often encountered in the group with moderate emotional reactions is the fairly intelligent man, self sufficient and self supporting who finds in the disease an economic hardship and a problem to be met. He accepts the infection if not calmly at least reasonably. Although he understands that it is a potential menace to his health and a social stigma, he judges the probability of cure and starts arrangements for the necessary treatment. The patient may be upset, yet he remains emotionally stable through exercise of reason. Such individuals in nearly all instances make the best of patients, cooperating in every way with the doctor and remaining under treatment until told that they are well.

Very often observed is the patient who has had one or more previous venereal disease infections. Especially is this true in the treatment of gonorrhea as it is quite possible for a man to have several gonococcal infections in a few years. An individual of this type has only a very moderate emotional reaction when told by a doctor that he is diseased. Of course, the emotion may be heightened considerably if a man who previously has had gonorrhea contracts syphilis and *vice versa*; but the reaction is much less acute than that of a man who has never had either disease. Men who have been infected before, as a rule, are not as satisfactory patients as are those experiencing venereal disease for the first time, although most of them remain under medical care at least until non-infectious.

One of the most tragic examples of those who apparently show no emotional reaction is the adolescent lad of high school age who, when a doctor tells him that he is infected, is not in the least perturbed. He says very little and does not boast about his attitude toward the disease. Perhaps these boys are overconfident of their own ability to meet new situations and believe that the doctor's talk concerning the seriousness of the infection is merely another example of the older generation's desire to direct the lives of youth and curb sexual activities—just another “don't” from the elders. Experience has proved that a majority of these patients lapse after the first or second treatment and then, despite all efforts, fail to return for further care. Often they have given a fictitious name and address and follow-up work on them is impossible.

The stolid foreigner is the man absolutely unmoved by the diagnosis mainly because he cannot and does not comprehend it. He is unable to orient himself to this new situation in an environment which is continually providing new and difficult situations with which, in a great many instances, he is unable to cope. The majority of these men are afraid to trust the American doctor but when they are able to talk to a physician who speaks in their own tongue they usually are quite ready to follow his advice even though they may not understand why it is necessary to do so. To make a foreigner realize why he must remain under medical care when he feels well

is an almost impossible task. If a friend has been well treated by the clinic or by the physician, the patient may be more amenable to suggestion and advice.

We have occasionally interviewed the individual who positively refuses to accept the diagnosis of venereal disease with any sense of responsibility. He is the "truly hardboiled guy" to whom gonorrhea is "no worse than a bad cold," a hard chancre no more than a degree in an initiation ceremony—one of the prerequisites of manhood. As long as his complaints are causing him any discomfort, this man will take treatment; but as soon as they cease to do this, he will stop. A "dose" is a common occurrence and "means nothing in his young life." It is something to joke about—almost a badge of honor. Sometimes patients of this sort may boast of as many as twenty to twenty-five gonorrheal infections. They are frequent visitors to a doctor or a clinic for a few treatments and then they are away again. They are never cured of a single infection and they are so used to being infected that they regard it as their natural condition. Many of these patients believe they have never been cured of their first infection and that treatment, while it may temporarily check their complaint, is useless so far as a permanent cure is concerned. In syphilis, for example, this kind of patient is the one who gets a few injections of neoarsphenamine every spring and fall to "tone him up" and who believes that continuous treatment is useless.

In addition to the patients' emotional reactions it is interesting to observe some of the hundreds of misconceptions concerning venereal disease and their method of spread and cure. These fallacies range all the way from stupid self treatment with proprietaries up to the most bizarre ideas of the origin and implication of venereal disease. These fears and falsities are fostered by the regrettable prevalence of quackery. Some of the patients inflict permanent harm on themselves by the administration of remedies made known to them by their friends, or gleaned from the vast store of misconceptions than can be found in any "street corner gang." Some of these self-applied remedies are so irritating as to make the doctor's task a very much more difficult one and sometimes cause both irreparable damage and great pain.

Many of the most common patent medicines available to all bath room apothecaries are applied. The unwillingness of the patient to consult a physician and the secrecy about venereal diseases nourish the growth of erroneous ideas concerning these infections. Here are some of the more common beliefs:

That syphilis under all circumstances is positively incurable.

That gonorrhea is no worse than a "bad cold" and can be cured just as easily.

That syphilis is cured when the primary lesion disappears.

That gonorrhea is cured when the urethral discharge stops.

That syphilis, in all stages of the disease, is infectious.

That after a man has had either gonorrhea or syphilis he is immune to both diseases.

That either gonorrhea or syphilis may be cured by passing on the disease to some individual of the opposite sex.

That gonorrhea may be cured by having intercourse with a virgin.

That gonorrhea if neglected sufficiently will invade the entire system and turn into syphilis.

That the signs of syphilis are always quite apparent—horrible ulcers, skin rash, insanity, and sore throat.

That the treatment of both gonorrhea and syphilis causes a great amount of physical pain.

That a blood test is always absolute and final proof of the presence of syphilis.

That it is possible to catch gonorrhea by excessive copulation ("a strain").

That it is impossible to contract a venereal disease while intoxicated (*i.e.*, the alcohol kills the germs).

That gonorrhea is a disease of uncleanness and derives from intercourse with a woman during her menstrual period.

That it is possible to contract a venereal disease from masturbation.

That it is impossible to contract a venereal disease from coitus per orum or per anum.

That venereal disease can be contracted quite easily from a toilet seat.

That washing the sexual organs with alcohol after intercourse is an effective prophylaxis.

That urination immediately after intercourse is also an efficient prophylaxis.

That the presence of gonorrhea can be determined from an urinalysis.

That while under treatment for treatment for gonorrhea it is beneficial to have intercourse occasionally so that the urinary canal may thereby be cleansed.

That if a man contracts gonorrhea he will suffer a recurrence of the first infection every 9 years.

That gonorrhea can be passed on from parent to offspring.

That syphilis can be passed on even to the third and fourth generation, in spite of treatment.

That if no signs appear nine days after exposure, the individual is safe from a venereal disease.

That the urethral discharge caused by gonorrhea is very weakening and entails a loss of semen.

That all children born to individuals who have a venereal disease will be subnormal.

The growth of these ignorant ideas regarding these diseases is due largely to the secrecy surrounding venereal infections and the false social stigma attached to them by the laity. Education of the public in venereal disease and the removal of the mystery surrounding sex matters will do a great deal toward correcting these vicious misconceptions.

“From a practical standpoint the venereal diseases are more important than all of the other infections put together, and safety demands that the layman should be given such instruction as will enable him to know the dangers, to understand how the disease is contracted, to use suitable prophylactic measures, to recognize in a tentative way the early symptoms, to understand the need of early and thorough treatment, and to appreciate the danger to the community which exists in an unscrupulous person who is suffering from such an infection. . . . A great amount of suffering and distress comes as a result of the misunderstanding of the subject of sex. . . . It is up to us, as the medical profession, probably more than to any other group to teach the public that sex is essentially proper, natural, absolutely indispensable, and that it is beautiful and not ignoble.”

THURMAN B. RICE, M.D.

CHURCHMEN AND THE CONSPIRACY OF SILENCE

ARTHUR F. HALL, JUNIOR, M.D.

From the Life Conservation Division of the Lincoln National Life Insurance Company, Fort Wayne, Indiana

Everyone interested in social hygiene has decried the "conspiracy of silence" which so effectively does its part in blocking our efforts to reduce materially the morbidity and mortality due to syphilis in this country. How long it has existed and how much longer we must have it to contend with, are matters for conjecture; certain indications towards the answers to both of those questions may be interesting to examine.

Aurelius Cornelius Celsus (25 B.C. to 50 A.D.), prolific writer on medical and other scientific subjects, at the beginning of the Christian Era, opened his essay upon *Diseases Incident to the Parts of Generation, and Their Treatment*, with the following paragraph:

The next diseases are those that affect the private parts; the nomenclature of which among the Greeks is not only tolerable, but now fully sanctioned by practice; for they are freely employed in almost every volume, work, or treatise of the physicians; but with us Romans, these terms are certainly filthy, and never employed by anyone who has a proper regard for modesty in language; therefore it is evident from this explanation, that there is no small difficulty in maintaining at the same time a delicacy of expression while delivering the precepts of the art. Not that this circumstance ought to deter me from treating on them: first, because it is my intention to comprehend everything in this work which I have found to be conducive to health; in the next place, because every person ought to know the treatment of those maladies which we so reluctantly expose to the view of another.

Without entering the controversy as to whether or not syphilis existed in Rome at the time of Celsus' writing, it is at least evident that the Roman *attitude* towards it, and its like, must have been practically identical with our much decried "conspiracy of silence"; apparently the Greeks had no such false modesty. In view of this, it would be interest-

ing to know whether the incidence of venereal disease was lower among them than among the Romans; but when we cannot accurately determine the incidence in our own country in the twentieth century, we cannot think of conjecturing as to the situation 2,000 years ago in Greece and Rome.

It is probable that since that time, the degree of "hushing up" of the subject has waxed and waned according to the comparative prudery and liberality of the times. But it is also probable that what "waning" there was, was not due to the influence of serious thinkers with the welfare of their fellow men in mind. If people were not "prudish," it was not through an altruistic broadmindedness, but rather through a selfish liberality and laxity.

What characterizes our present beginning change of attitude as healthy, are the caliber and motives of the men and women who are encouraging it. Those who have been active in the fields of public health and social hygiene have long recognized the need for a frank, objective, outspoken attitude on the part of the public toward the problems which the control of venereal disease presents. One more important group—the church—can now be listed among the open enemies of the "conspiracy of silence." The great importance of the religious and moral welfare groups as allies against the "hush-up" attitude cannot be denied. It is to a great extent through them that the press and radio can be brought to the point where they will dare take an active part in venereal disease education.

As part of a study recently conducted by the Lincoln National Life Foundation, to crystallize and determine the attitudes of those groups toward "free speech" on the subject of syphilis, national leaders of various religious denominations were interviewed, and the problems of syphilis control discussed. Each personal contact was followed by a letter, recapitulating certain of the points brought up during the interview, and requesting a statement of opinion regarding the propriety of giving publicity to educational material on syphilis.

Excerpts from the replies make an interesting commentary upon the informed attitude of the clergy toward the venereal disease problem. Some of the statements follow.

The Rev. William S. Abernethy, President of the Northern Baptist Convention, writes:

"There is no question but that syphilis is foremost among the dread destroyers of human life. If publicity will tend to stop its ravages then I say let us have publicity. It is time that we abandoned our false modesty and that we dragged out into the open, information about these hideous enemies of mankind. If newspaper and radio publicity, wisely given will do this, I believe in the interests of public health that we ought to have it."

Although no formal statement was received from the Roman Catholic Church, it is well known that it is not opposed to social hygiene education. The Rev. Michael S. Ready, Assistant General Secretary of the National Catholic Welfare Conference writes:

"The Conference will be glad to receive releases on the studies directed by the Life Conservation Division. Careful consideration will be given to the information supplied by the Foundation, and whatever encouragement can be given to instruction on this subject, we will be glad to give."

The Rev. John Haynes Holmes, of the Community Church in New York, writes:

"It is quite unnecessary for me to emphasize to you and to your associates the vast importance of the subject of syphilis, and of the tremendous public benefit that would follow from a thorough-going educational campaign directed to the end of acquainting the general public with the facts about the disease—its cause, its consequences, and its cure. But I may say that I am myself fully aware of these facts, and in the course of my nearly 30 years of ministry, have done what I could to bring such matters to the attention of my people and the general public. Indeed, I am so familiar with literature on this subject, that I find it difficult to realize that there still exists enough prejudice or feeling anywhere in our modern society to make necessary the raising of the question as to the expediency of going straight ahead and doing what should be done, through the use of all accepted media of public information, to acquaint people with the facts about syphilis. I venture to say, without the slightest hesitation, that upon the basis of what I feel to be ample knowledge, that any such campaign as you propose would receive wide and influential support from the ministry. The fact which you emphasize, that "syphilis could be all but wiped out in a comparatively short time," lays a solemn obligation upon us, it seems to me. Surely, there should be a campaign in this field comparable to the tuberculosis and cancer campaigns."

The Rev. C. Rankin Barnes, Executive Secretary of the Department of Social Service, of the National Council of the Protestant Episcopal Church of the United States of America, writes:

"I would state that I can see no reason why the newspapers and radio stations of the country should not be willing to present syphilis as a problem of social hygiene and public health upon which their respective readers and listeners should be informed. It is time that the disease was considered by the public as a whole in an objective way, and I cannot see that public reference to it by name is in itself indecent or demoralizing. I cannot see that the moral implications of syphilitic infection make objectionable the open discussion of the subject. Silence cannot remove these implications; it only complicates the problem of cure.

"While there is no legislative action of the Episcopal Church to which I can refer you as giving an official approach toward popular education in regard to syphilis, I can state my own opinion that a judiciously handled program of education on the subject presented by the medical profession, the public health authorities and social hygiene experts is a commendable one."

Worth M. Tippy, Executive Secretary of the Federal Council of the Churches of Christ in America (Department of the Church and Social Service), writes:

"I think that the prevalence of syphilis and its danger are so great that it can and should be discussed openly in the press, over the radio, and in motion pictures, if done judiciously, and as part of an educational program."

L. Foster Wood, Secretary of the Committee on Marriage and the Home, of the above organization, writes further:

"I see no justification for the current reticence in the public press about mentioning syphilis and gonorrhea. The custom of editors which leads most of them to refer to these diseases always as 'social diseases' is much more intolerable than their mention by name would be."

Representing the Lutheran Church, the Rev. F. H. Knubel, President of the United Lutheran Church in America, says:

"While believing that religion is essential to the establishment of a strong morality and of a triumphant character, I nevertheless recognize the importance of an education of the people on such a topic as syphilis. It would seem that valuable educational agencies like the press and the radio ought to welcome material of that character when it comes from authoritative sources, without any mixture of advertising purposes."

From the Missouri Synod of the Lutheran Church, Walter A. Maier, Ph.D., of the Concordia Lutheran Seminary, gives us the following valuable exposition:

"In sending you the following lines, I want you to realize that they represent the verdict of many years of study on this problem. Much of my ministry has been devoted to young people's work. And for fifteen years I have been editor of the *Walther League Messenger*, the official publication of the young people's organization of our Lutheran Church, one of the largest youth publications in the United States. It has been my privilege, I believe, to feel the pulse of American Christian youth as few men in this age have felt it.

"I need not expatiate on the benefits of an educational program designed to check syphilis. Any one who knows the physical and moral danger which this social scourge presents and who understands how its ravages may be increased through a popular dissemination of contraceptive literature, and misconceived minimizing of its consequences will be appreciative of every well-directed effort to eliminate this disease. The nation has reduced the death rate from tuberculosis; scientific institutes have been organized to combat cancer, and all this has been welcomed by American newspapers and accorded the publicity which it has so eminently merited. But without taking recourse to statistics of comparative prevalence, it will require little study to show that the problem of syphilis, in the modern environment so conducive to its spread, is a more serious and far-reaching menace.

"If, then, it is agreed on all sides that a public and widespread crusade against syphilis must be waged, it seems to me that the next step is inevitable. The newspaper, as a vehicle of public thought and fact, dissemination should lend its cooperative efforts for the cure of this disease. I can appreciate the fact that some editors may declare that there are more pleasant discussions to which their columns may be devoted. But the higher ethics of journalism have never hesitated to serve the true public interest, and I trust that you will lay these facts upon the conscience of the American press:

1. The ignorance that prevails in regard to syphilis, particularly in the more sheltered homes, is appalling. I am convinced that many young women marry with only the vaguest conception of this disease, and that many young men, particularly in the incipient stages of the disease, minimize its effects and contagion. I know that good books have been written with friendly, constructive counsel and suggestions of remedy, but in our country the mass of the young people can be reached only by the press.
2. If the press fails in this emergency and persists in maintaining its head-in-the-sand complex, it will desert our young people and in effect direct them to the discredited fringe of the medical profession, the diploma mill doctors and the sex quacks, whose pernicious tactics should be held up before every editor in the country.

3. I am positive that only a false prudishness can raise any objection against the use of the specific term "syphilis." Vague designations, veiled reference to "social diseases" often shoot wide of the mark and create no definite, tangible impression. Besides, in the sophistication of our day, many young people know the association of the term and should be warned against erroneous conceptions. And even the young men and young women who come from our ideal Christian homes are not surrounded by a spiritual and moral cellophane which would prevent this term and its incorrect associations from coming to them.
4. The moral implications of syphilitic infection recommend an objective, scientific, public discussion. Our newspapers have never hesitated to air the immoralities of our day in other aspects. The long recital of crime details, or the repeated references to marital inconstancy, have always found their conspicuous place in the columns of the American dailies without regard of the moral issues involved. Now it is true, syphilis is always (except in the relatively few cases of innocent contagion) a disease of immoral associations; but I believe that if your institute will emphasize its prevalence and its transmittible effects, every fair-minded father and mother in the country will be grateful for the printed enlightenment which newspaper publicity would bring. For, unfortunately, many parents are either so ill-informed or so hesitant that their sons and daughters are not intelligently informed on these most vital subjects.

"We all realize, of course, that the true story type of discussion and the charlatanized expositions are worse than useless. Nor must we compromise and adopt any sugar-coated presentation of the facts by which its seriousness is minimized.

"As a clergyman and teacher at a divinity school of the Lutheran Church, of course, I feel that the Christian Church has another line of attack. I am frank enough to say—and I think you can appreciate this position—that educational efforts, as necessary and constructive as they are, in a medical campaign of this kind, are chiefly directed to the cure. Far more important is the Church's duty to penetrate to the cause. It is a fact that the pure Christian religion as it is presented in the Bible, with all the implications of the Gospel of Jesus Christ, is the most powerful incentive for purity and the most potent remedial agency in the combating of impurity. Those who are in your position, in this commendable campaign against the ravages of impurity, can well study the implications of this fundamental statement of our Saviour: 'Now are ye clean through the Word which I have spoken unto you.' John 14, 3. If the entire Christian Church could be awakened to a new sense of its duties in helping its youth to follow its scriptural injunction: 'Keep thyself pure' and could offer the spiritual aids to purity which the Church has, one sector of the battlefield would be yours and you would have reinforcements for the battle against immorality and vice that runs on the road to ruin when outside of the Church."

From J. A. Stevenson, D.D., General Director of the Department of Moral Welfare of the Board of Christian Education of the Presbyterian Church in the United States of America, comes the following:

"In reply to your question, 'Will reference to syphilis by name be considered in any way indecent or demoralizing to lay readers?' I take it that your question means, would it be proper to use that term in releases to newspapers, monthly periodicals, et cetera. With that interpretation of your question, my judgment is that no such criticism could possibly be made by any intelligent student of social problems. As a matter of fact, my conviction is that we have all been a bit too tardy in expressing frankly, and by name, our convictions with regard to this problem and with regard to methods of dealing with it.

"With respect to your question 'Does the Presbyterian Church hold that venereal disease is a just punishment for sin and therefore not a proper field for public health educational measures?' I would say that in my judgment, no intelligent Presbyterian could be found who would take that view of the matter. It is quite certain, of course, that syphilis sometimes is a direct reaping of immoral sowing; but it is also certain that the innocent may suffer from other forms of contact apart from the sexual contact, and it is also true that children who are entirely innocent may suffer from the sins of their fathers or mothers. The attitude of the Presbyterian Church, I am sure, is that whatever may be the cause, it is a proper field for public health educational measures, and the Presbyterian Church would be glad to participate in such education."

Rev. Harry Emerson Fosdick of The Riverside Church, New York City, says:

"It is a crying shame that this public scourge has to continue largely because we have no way of getting adequate information into the hands of the public. Anyone who can devise the right way of handling this difficult problem will be conferring a public benefit of the first magnitude."

Dr. John Brown, Junior, Director of Physical Education, The National Council of the Y.M.C.A., expresses the commendable attitude of that organization as follows:

"After giving very careful consideration to the matter since we discussed it when you were in my office, I have no hesitation whatsoever in expressing the opinion that a concerted effort should be made to enlighten the public upon the prevalence and nature of syphilis and methods for its control. In my opinion there is no good reason for assuming that the subject cannot be dealt with in newspapers, magazines and on the radio without giving offense or occasion for criticism. This would not have been true several years ago

but in considering this matter, we must take into account the rapid and radical change in attitude on all such social, moral and health questions.

"In this connection I think it is important to differentiate between the moral implications of syphilitic infection and the question of its etiology, frequency, effects and treatment. The consequences are so serious to those afflicted themselves and the threat so great to others that modern society must address itself vigorously to a campaign of enlightenment in its own best interests.

"The fact that a relatively small percentage of those who constitute society will raise questions and a still smaller proportion may be shocked or criticize, is no justification for lethargy, indifference or negligence when the consequences are so grave and when the benefits accruing from a sane educational policy will be for the lasting good of present and unborn generations."

Certain representatives of the Jewish denominations were contacted, and although as would be expected, no objection to outspoken educational measures was encountered, no formal endorsement was obtained for publication.

Representatives of several other important groups who were interviewed expressed their interest in, and sympathy with the movement, but did not give a written statement of their attitude. In some other cases satisfactory statements were received, but permission to quote for publication could not be obtained. In no case where a personal interview was obtained, was there any expression of objection to outspoken treatment of educational material on the subject of syphilis. It must be remembered, however, that the letters quoted above do not represent the results of official action on the part of the governing bodies of the churches in question, but merely expressions of opinion by those in a position to interpret the attitudes of the groups they represent.

It is justifiable to conclude that well informed churchmen representing a variety of religious denominations are aware of the problems which venereal disease control presents, and are anxious to see them solved. From many quarters, active cooperation can be expected, while from none, so far as this study could determine, can censure be anticipated. We must search elsewhere for the strongholds of the "conspiracy of silence."

NOTES FOR A POPULAR TALK FOR THE GENERAL PUBLIC ON SYPHILIS AND GONOCOCCAL INFECTIONS

DR. WALTER CLARKE
American Social Hygiene Association

The general public should have the following information with regard to syphilis and gonorrhea:

(1) Some knowledge of the prevalence of these diseases, their gravity, methods of their spread and means of preventing them, the ordinary symptoms, the results of treatment, and where to find treatment; (2) an understanding of responsibility to associates and the community with regard to these diseases.

Outline of a Talk to the General Public on Syphilis and Gonorrhea— 30-40 Minutes

1. *Introduction*

Reference to conquest of smallpox and great gains against tuberculosis and diphtheria. Introduce syphilis and gonorrhea as prevalent communicable diseases to be combated by methods similar to those which have given success against other diseases.

2. *Prevalence of Syphilis and Gonorrhea*

Reference to the prevalence of syphilis and gonorrhea. These diseases are no respecters of classes, races, ages, or economic status. Give figures for censuses of known cases of syphilis and gonorrhea; figures for syphilis in pregnancy; figures for Wassermann surveys in industrial groups. Refer to possibility of increase in syphilis and gonococcal infections during "hard times" due to lack of adequate treatment facilities. Do not confuse audience with too many figures, but leave impression of syphilis and gonorrhea as among most prevalent serious diseases.¹

¹ It is estimated that "there are in the whole country 643,000 cases of syphilis and 474,000 cases of gonorrhea constantly under medical care."—Parran and Usilton.*

"The New York State Health Commission in 1932 estimated that 9 per cent of the population is or has been infected with syphilis at some time."
"Censuses of cases under treatment, made by the United States Public Health Service and the American Social Hygiene Association have indicated in some measure what proportion of such cases seek medical care. Averages based on studies covering over 26 million population show 4.26 syphilis cases per 1,000 inhabitants under treatment on a given day; or more than half a million people known to be constantly under medical treatment for this infection. This, of course, is only a portion of the existing cases. The unknown and untreated cases are even more dangerous because nothing effective is being done for them or

3. *Gravity of Syphilis and Gonorrhea*

- (a) Syphilis, a systemic disease which may attack any organ or tissue: Part played by syphilis in death due to heart disease, general paralysis of the insane, tabes,—and refer to other mortality due to syphilis; refer to the insidious, latent period of this disease, and call it the “great masquerader” imitating many other diseases. Leave with the audience the impression of syphilis as a disease comparable in its gravity with tuberculosis and cancer. Osler called it the “greatest killer among infections.” Quote Newsholme.²
- (b) Gonorrhea: Disabling effects of gonorrhea; the sterilizing effect; a cause of major operations in women, a cause of blindness in infants. A disease which causes widespread invalidism and chronic disability in men and women. Most prevalent disease, except common cold and perhaps measles.
- (c) Refer to the economic costs of syphilis and gonorrhea, give figures for the maintenance of clinics, the cost of treatment by marine hospitals, the cost of care of patients

for the protection of their families and the public.” . . . “Gonorrhea is probably three to five times as prevalent as syphilis.” . . . “Examination of women in prenatal clinics has shown an average of 10 per cent infected.” . . . “Wassermann surveys in industrial groups including milk-handlers, drivers of public conveyances, coal miners, barbers, and others have revealed from 1 to 16 per cent with syphilis, the degree of prevalence in the groups being influenced by various social and economic factors.”—Snow.†

“Studies of a large number of cases of syphilis and gonorrhea, and the age at first onset of the disease have indicated that the peak age of both infections, and for both sexes comes in the 20 to 24 year age group. However, 70 per cent of all cases come during the most productive period of adult life,—between 20 and 40 years of age. This age group in the population constitutes only slightly over 30 per cent.”—Parker.§

“The American Social Hygiene Association found that in fifteen antenatal clinics in different American cities, one in every twelve pregnant women was infected with syphilis. Jeans and Cook in their studies arrive at the following summary results: 45 per cent of all the pregnancies in untreated syphilis ended in miscarriage, stillbirth or death in infancy; 40 per cent of pregnancies resulted in children who were living and syphilitic at the time of the survey; only 15 per cent of the pregnancies resulted in children who were living and non-syphilitic.—Jeans and Cook.¶

²“Our chief enemies at present are heart disease, cancer, pneumonia, tuberculosis and syphilis. If the full facts were known, as Dr. Osler said, syphilis would probably come first. Syphilis is the biggest killing disease in the community. It and tuberculosis are undoubtedly the greatest present contributors to the total mortality prior to the approach of old age. By the removal of tuberculosis and syphilis, most of the preventable deaths from the age of fifteen to sixty-five would be avoided.” . . . “More than 10 per cent of all commitments to the state hospitals for the insane are due to general paresis which is syphilitic in origin. This means that about 15 per cent of the cost of running these institutions (which runs way up into the millions each year) is traceable to syphilis alone. All the beds occupied by these patients would be empty, were everything that could be done for the prevention and treatment of syphilis carried out.”—Newsholme.‡

“Each case of syphilis on the average cuts in half the life expectancy of its victim.” . . . —Parran and Usilton.*

“At least 15 per cent of organic heart disease and about 11 per cent of new admissions to mental hospitals are due to syphilis.”—Snow.†

in mental hospitals because of syphilis; refer to employees' loss of wages due to syphilis and gonorrhea; point out the fact that early syphilis can be treated as an ambulatory disease at a small price of fifty cents to \$5 per visit per week, whereas late syphilis treated in a hospital bed may cost \$25 or more per week.³

4. *Method of Spread of Syphilis and Gonorrhea*

- (a) Syphilis and gonorrhea not always "venereal" diseases; refer to accidental, marital, and congenital infection.
- (b) Commonly spread by sexual contact; dangers of promiscuity and prostitution.
- (c) Syphilis and gonorrhea are familial diseases like tuberculosis. The necessity should be stressed for bringing under medical supervision all persons who are sources of infection and for examining all who may have acquired the disease, *e.g.*, the family of infected persons.

5. *Means of Prevention of Syphilis and Gonorrhea*

- (a) Avoidance of exposure to infection.
- (b) Relation of genital hygiene to prevention; reference especially to the use of soap and water.
- (c) Chemical prophylaxis, the limitations of its effectiveness; emphasize the need for thorough applications. Doctors are qualified to administer prophylaxis.
- (d) Thorough treatment renders infected persons non-infectious and so prevents the spread of syphilis and gonorrhea.

6. *Symptoms of Syphilis and Gonorrhea*—describe very briefly.

(a) Syphilis:

Primary sore
 Secondary rash
 Latent syphilis
 Late lesions of syphilis
 Blood test for syphilis. Significance of the positive and the negative reactions
 Best time for treatment of syphilis

(b) Gonorrhea:

Acute stage
 Chronic stage
 Complications of gonorrhea
 Microscopic and other methods of investigation of gonorrhea

³ It is estimated that "in normal times the financial loss to wage earners due to syphilis and gonorrhea would be \$84,000,000 per annum, or a loss of approximately a half-day for each of the male population of the United States between the ages of 15 and 45." . . . "Approximately 20 per cent of the total case load and hospital days in the United States Marine Hospitals have been on account of the venereal diseases, representing a present annual cost to the Government of approximately \$1,000,000 for this one small group." . . . "General paresis and syphilis of the central nervous system are responsible for constant institutional care of approximately 12,300 persons. Of these patients 8,700 die each year after having received an average of 14 months' hospitalization. At a \$2.50 per day hospital rate the annual cost of hospitalizing the 12,300 cases of general paresis and syphilis of the nervous system is \$11,270,000."—Parran and Usilton.* (Note cont. next page.)

- (c) Special reference to syphilis and gonorrhea in children with brief discussion of congenital syphilis, gonococcal vaginitis, and ophthalmia neonatorum and the relation of infectious individuals in a household to the spread of infection, especially to children.

7. *Treatment*

- (a) Syphilis: What is used in the treatment of syphilis; period of treatment necessary; good results of treatment.
 (b) What is used in the treatment of gonorrhea; the period of treatment necessary; good results of treatment.
 (c) Hopeful outlooks based on early, thorough, and prolonged medical care. (Note: Be careful not to discourage the person who has late syphilis or chronic gonorrhea.)

8. *Where to Go for Treatment*

- (a) Warning against quacks and drug store treatments.
 (b) Seek a regular, fully licensed physician and depend upon him. How to select a physician.
 (c) Hospitals for advanced cases of syphilis and for severe complications of gonorrhea.

9. *Conclusion: How to Help Fight Syphilis and Gonorrhea*

Tell friends the facts
 Encourage sound sex instruction
 Avoid the risks of infection
 If infected, obtain adequate treatment
 Support and encourage health officials and physicians who are combating these diseases

10. *Special Warnings to the Lecturer*

Remember that a portion of your audience have had experience with syphilis or gonorrhea. Do not frighten nor discourage the persons who have one of the diseases. Hold out a hopeful picture. Do not condemn! Only tell the facts. They are sufficiently dramatic and convincing.

“One hundred million dollars a year is a conservative estimate of the cost of medical care in the United States for ambulatory and hospital patients with syphilis and gonorrhea.”—National Social Work Council.**

* *The Extent of the Problem of Gonorrhea and Syphilis in the United States*, Thomas Parran, Jr., M.D., Assistant Surgeon General, and Lida J. Usilton, Assistant Statistician, United States Public Health Service, *Journal of Social Hygiene*, January, 1930, Vol. XVI, No. 1, p. 31.

† *Syphilis and Periodic Health Examination*, William F. Snow, M.D., General Director, American Social Hygiene Association, *The Health Examiner*, August, 1932, Vol. II, No. 5.

‡ *Sir Arthur Newsholme Revisits the New York Health Demonstration*, *Quarterly Bulletin*, Milbank Memorial Fund, Vol. VI, No. 3, July, 1932, p. 59–60 (Comments made by Sir Arthur during visits to New York Health Demonstrations, May, 1928).

§ *Hidden Problems in Hard Times*, Valeria H. Parker, M.D., Director of Community Organization, American Social Hygiene Association, paper read at the National Conference of Social Work, Philadelphia, Pennsylvania, May, 1932.

¶ *Prepubescent Syphilis*, Jeans and Cook, D. Appleton and Company, New York, 1930.

** *Behind the Front Lines*, United Educational Program of National Social Work Council. Bulletin obtainable from Assn. of Community Chests, Graybar Bldg., N. Y. C. or American Social Hygiene Association.

THE EDUCATION OF CLINIC PATIENTS IN SOCIAL HYGIENE

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Illinois Social Hygiene League, Chicago

Those of us who have been interested in health work for many years and who have watched the progress that has been made, realize fully what a large factor popular education has been in that progress. We all learned a very important lesson in connection with the early campaign against tuberculosis where the education of the patients played a spectacular part. The old idea that patients should know as little about themselves as possible was scrapped; full information was given to those afflicted, and their cooperation secured with remarkable results.

May I say here that this experiment inspired me to use education with my patients in all of the different clinics in which I have worked, for at least twenty-five years, and I presented some of my ideas about and experiences with this work at the All-American Conference on Venereal Diseases in 1920 in a series of talks to medical social workers where I discussed the work I had done in a large children's clinic and subsequently in connection with the outpatient department of the obstetrical clinic at the University of Illinois.

I learned even then that while the poor and uneducated may not learn as quickly as better-trained individuals, yet, if that education is carried on persistently and with understanding of the difficulties that such patients have to overcome in order to follow our directions, they respond far better than we are led to believe by people who have little or no personal experience with those groups. I also learned how difficult it is to carry out medical orders under the environmental and economic conditions in which they live.

When I entered the field of social hygiene I recognized at once the need of and possibilities for wide education both of the general public and of the patients infected with venereal diseases. All of us working in this field now know what a great contribution education in social hygiene has definitely made by bringing thousands of

patients yearly to clinics or private offices for diagnosis and treatment, to say nothing of the effect it has had in preventing infections, which, of course, cannot be estimated. We have increased the demand for treatment; and the number of clinics, public and private, have likewise increased greatly.

At first there was decided opposition to such education, but to a large extent we have overcome that. The phase which has been most neglected, strangely enough, has been in the education and re-education of the patients themselves and it seems timely that the *JOURNAL OF SOCIAL HYGIENE* should devote space to the consideration of education of patients in social hygiene clinics.

Perhaps one reason for this neglect is that many people have doubted the wisdom of discussing the problems of venereal diseases with groups of infected patients because of the sense of shame which is connected with, and which the patient himself connects with, these diseases. I have thoroughly disagreed with that idea because I believed that if we stress the encouraging possibilities for cure instead of the horrors of infection, if we furnish positive sex information and discuss the possibilities for better adjustment and more normal satisfactions, such education would help to relieve the depression and change the emotional attitude with which these patients face the prolonged treatment required.

I was glad, therefore, when I became connected with the Illinois Social Hygiene League, where between five and six thousand individuals come each year for treatment, to have the opportunity to outline a plan for education of the patients dealt with. This plan has been followed for nearly six years.

If such work is to be carried on we must first educate the clinic staff, which isn't always an easy thing to do, since there is considerable prejudice and wrong attitudes among physicians, nurses and social workers towards the problems of venereal diseases and the patients suffering from these diseases. They must, therefore, be well trained not only in medicine but in the broad approach towards the whole subject of social hygiene in its various phases, working as a unit.

We began our educational work slowly, with small groups of patients, by encouraging them to ask questions about themselves. I repeatedly met with them and started informal discussions by explaining the objects of our clinic, assuring them that we feel that disease is not a crime but a misfortune, and that we meant to treat them with every consideration which, as sick people, they deserved, provided they gave us full cooperation. Then we took up two definite questions with them: How to Get Well and How to Stay Well. The

patients began to show great interest immediately, and it was wonderful how they grasped at this means of relieving their anxiety and unexpressed fears. Their questions came readily, and whenever I had a few minutes' spare time, I went up to the clinic for short discussions with groups of patients who were waiting in line for treatment.

We then decided that we would institute a definite course of lectures to be given by the members of our staff. After some experimentation, we worked out a course of four lectures, which is repeated at regular intervals, so that every patient, during the course of his treatment, has an opportunity to hear each lecture.

The first lecture consists of information on the history of venereal diseases and something about their prevalence. We stress the close relation between venereal diseases and prostitution and promiscuity. We give a brief history of the social hygiene movement and point out the value of all phases of work in a program that deals not only with diagnosis and treatment but with prevention. We speak briefly of the progress that has been made, the scarcity of clinics and adequate treatment in early days, the rapid increase of clinics, private and public today, and the fine work they are doing. We do not run down the private physician, but we make it clear that so far as poor people are concerned, there is practically no use going to private physicians, because of the long treatment that is necessary.

The second lecture deals with gonorrhea and its complications, and we go into these problems thoroughly. The third lecture covers syphilis and its complications in the same manner, and is always given by Dr. Bertha Shafer, who is not only in charge of our syphilis department, but has also worked closely with me in our whole educational program. In these two lectures we find that we can speak in considerable detail, even more so than we do with ordinary groups of students, because the patients themselves are deeply interested and ready to ask questions. They can ask questions here which they could not ask during regular treatment periods, because of the fact that many other patients are waiting to be treated, and this group discussion allows them all to share in the information given. The fourth and last lecture is on sex education. Here we try to re-build many of the wrong and twisted notions about sex in general, which prevail among most uninformed people. We show how control must be exercised to prevent infection and re-infection. We consider somewhat the problems of marriage, touching on birth control; and discuss problems of sex education for young people and the increasingly important question of leisure and recreation.

In addition to our lectures, we have worked out a plan whereby

the doctors, after making the diagnosis, explain to the patient what he must do to cooperate adequately and how he must protect others with whom he comes in contact. A little booklet is given him wherein these matters are plainly outlined. The patient then goes to the social service department, where an effort is made to aid him to understand the problems presented by his infection, adding as much solace and reassurance as possible, to help him meet his situation with courage and fortitude. If you are working in a clinic such as this every day, you know how much courage and fortitude are required to go on with the necessary treatment.

The social worker gets more details about the sex history and the conditions under which the patient is living and under which he contracted the infection. The younger patients are then referred to me for consultation, in which the social worker and I try to outline a program and in which we use as our allies the various well-established social agencies of the city. In this connection we are still taking only the first steps. We have less difficulty in finding the underlying causes of our patients' problems than might be supposed, but the question of finding adequate facilities for re-adjustment, when unemployment and poverty, as well as the lack of proper training to meet life are so obviously responsible for the difficulties in so-called sex delinquency, taxes all our ingenuity and resources, and frequently finds us quite inadequate. Yet we are not discouraged, because concerted planning in the broad sense of the word is in the air and on the way, since so many of the agencies are being supported and subsidized by government funds, and we hope that private and public agencies will unite to do more permanent and remedial work.

One important result of our work with our patients is the increased regularity in attendance. Our patients feel a definite responsibility about attendance, many of them calling up to notify us when they cannot come, and asking our advice about treatment in other cities when they go away. Whereas formerly they tried above everything else to conceal their condition from each other, husbands bring in wives and children for examination; the same is true about wives and mothers; and sweethearts and friends frequently come in together. They come to us for marital advice, birth control information, adjustment of difficulties, and anything that will help them to improve their marital relations.

This, in brief, is our plan. We do not mean to convey that we are completely satisfied with our results. Needless to say, we must constantly revise and adjust it. All we can claim is that we are sure we are on the right track, and through our experiences in this work we are constantly learning how to do better.

EDUCATION REAPS ITS REWARD IN DETROIT

FLORENCE O. EBY

Social Hygiene Clinic, Detroit Department of Health

"Aw, gee, honey! There ain't nothing to be afraid of! Those doctors and nurses down there don't think this a bad disease. Why, they say it's just like having the scarlet fever or smallpox. Golly, you should see all the people they have down there! You and me ain't the only ones that's got the "syph." On my treatment day the whole room is filled and crowded over with young fellows just like me. I'll bet there's a couple of hundred of them."

"But, Bob, why should I go down to the clinic for an examination? I've never been sick in my life!"

"I know, honey, but listen. There's a nurse down at the clinic who talks to us fellows every treatment day about the venereal diseases, and she says that a woman can get and have the "syph" and never know about it until years later when it's harder to cure. She says that men know when they get the first sore of "syph," because they can see it on themselves, but that women often get the sore on the mouths of their wombs. It's a painless sore, she says, and is often not discovered, because the woman can't see it when it's inside like that. But sixty days after the first sore you usually get a rash which the nurse says is the second stage of the "syph." She says that sometimes the rash is so faint that an untrained person can hardly see it!"

"Bob! Do you remember that awful time I had with my skin about two months ago? It got all blotchy, and I tried creams, washes, soaps, and even mud packs to clear it up. Remember how nothing seemed to help? It just went away finally by itself. Do you suppose that was the second stage of the "syph" and I didn't know it?"

"The nurse says it's possible. Why don't you go down to the clinic and get an examination? And then, while you're waiting around for your reports the nurse will tell you all about the "syph." She tells how you catch it, what germ causes it, how long you have to treat, how important it is to keep up your treatments, and— oh— lots of things that we've always wondered about. Gosh! She makes you feel good when she tells you that the "syph" can be cured. Why, I felt just like jumping off the Belle Isle bridge when the doctor told me I had the "syph." Just couldn't believe that could

happen to me! But after the nurse told us fellows that 85% of the patients get cured if they continue their treatments, why, I just wanted to yell and laugh and cry all at once—I felt so good! And then I thought of you, honey, and how I had to get you down for an examination, 'cause we want good, healthy kids, don't we? And listen honey, you don't have to be afraid of your family finding it out, 'cause the nurse says that they never give out a report of your condition to anybody unless you are with the person and say it's all right!"

"When should I go, Bob?"

"The nurse says that you can go down to the clinic at 8:30 in the morning. And I'll go down with you. Gosh! you're a sensible girl!"

Thus daily, throughout the City of Detroit, hundreds of such little dramas are being enacted in the homes of the patients who attend the Social Hygiene Clinic of the Detroit Department of Health. Bob and "Honey" were two of the hundreds and thousands of young people who have profited from the instruction given in the clinic.

In the beginning of the clinic assembly teaching, the medical director gave the talks to the patients. As his duties multiplied and it was necessary for him to give more time to administrative problems, the doctors in the clinic disseminated the venereal disease information to their own clinics. This was found to be unsatisfactory as the patients needed everyday facts presented in everyday terms—a method in which the average doctor is not interested. The doctors were constantly asked to repeat information and this of course took too much of their time. The job then to teach the patients something about venereal diseases in terms and ways in which they could grasp it fell logically to the nurse.

There were many objections to putting a nurse on this assignment. Some of them were: How can you ask a nurse to appear before those awful men! No decent nurse would do it. How can you expect a nurse to discuss sex problems with men? They will insult her, laugh at her, and make her miserable. "It can't be done," said the conservatives.

Fortunately the director of the Social Hygiene Clinic has never mixed emotions with public health medicine. He maintained that the subject to be presented was proper public health; a nurse could teach it. However, she must have certain qualifications which fit her for this particular job. She must have a scientific background which is real and vital to herself. She must be so integrated and adjusted in the social scheme that no conflicts interfere with her teaching. She must be wholly objective in her attitude and presentations. She must have that front, or poise, or professionalism, or— something

which keeps people from imposing upon her. She must possess a certain subtle dignity which acts as a quick rebuff to any tendency toward "smart aleckism" which might arise in the audiences. And lastly, she must be clean and wholesome looking, radiating friendliness, building confidences, possessing sympathy for and understanding of the fears and doubts which assail the diseased individuals in her care.

In 1926 a nurse on the staff of the Department of Health was given the assignment. The project was, and still is, a great success, paying many times over in human dividends for the effort expended. The nurse devotes her entire time to the work, planning, teaching, advising. She has the time to explain in simple words; she has the time to repeat constantly; she has the time to answer questions; she has the time to listen to troubles. If reticent about asking questions in the assembly, the patient may write them on paper and slip them in a box especially kept for that purpose. At the next clinic session the nurse answers the questions previously handed in. Just this morning these questions came from the box. I quote them to show the types of questions the nurse is asked to answer; and to show that a great deal of tact and careful interpretation is necessary:

"What would be the result if a person let gonorrhea take its course, or what would happen if a person would not take any treatment?"

"Is it possible to get gonorrhea from a woman that is having her menstrual period?"

"What reliable wash or preventive medicine is good to use after having intercourse to prevent gonorrhea?"

"How can a person or how can a man tell if a woman has any venereal disease?"

"If a woman was pregnant and she had gonorrhea what would be the result to her child or can a woman become pregnant when she has gonorrhea?"

"Does gonorrhea turn into syphilis?"

"How long after you get syphilis do you have to wait before you can get married?"

At the present time the nurse-teacher divides her time between the two quarantine hospitals and the clinic. Below is a schedule of her activities:

Monday	Conference	Clinic
Tuesday	Hospital #1	Clinic
Wednesday	Clinic	Clinic
Thursday	{Hospital #1 } {Hospital #2 }	Clinic
Friday	Clinic	Clinic

Each Monday morning is spent in conference with the Department's Health Education group. This serves to keep her in touch with activities in other fields than her own and to give her an opportunity of conferring with her supervisor.

Just how worth while is this assembly teaching? Let one of the men patients answer. He writes:

"I have a physical examination each year and after being examined this year the doctor found my blood to be bad. I seeked treatment from private physicians and found that I was unable to pay. I began to seek aid from the City health dept. but most everyone I met discouraged me telling me that a man was treated worse than an animal down here. I kept putting it off until I decided to come down to see for myself. I have been a patient now for 4 months and naturally I have observed very closely and never could hope to be treated better than I have been in the clinic. I was helped and encouraged more by the lecture from the nurse last Monday than I ever was on a health question, I feel like doing more for myself after I see that you doctors and nurses are interested in the health of the general public. I will defy any person that tell me that the Board of Health haven't got the interest of the public at heart."

And so, from the patients come the words of appreciation for the nurse's counsel and help. Never has there been a suggestion of the expected embarrassment. We feel that this is all that is necessary to justify the concentration which is placed on this phase of our educational program. So many times in educational work it is difficult to see the results which we hope for. Probably in no other branch of public health is there greater opportunity for helping people out of trouble and back into the normal routine of everyday joyous living. What greater satisfaction could there ever be?

"The success of venereal disease control depends, as it does in any health program, upon the cooperation of physicians, local health authorities, and responsible citizens. The physician should interest himself in the education of patients in the fundamentals of sex hygiene and the dangers of neglecting infections, and in the instruction of promiscuous persons in the methods of prophylaxis. It is also his duty to keep informed on modern methods of diagnosis and treatment and to support government work in venereal disease control. The need for free treatment or treatment at a nominal cost for those patients unable to pay is of the greatest importance. The provision of such treatment in the rural districts is the most difficult problem in the control of syphilis today.

R. A. VONDERLEHR, M.D.

EDITORIALS

PUBLIC EDUCATION IN SOCIAL HYGIENE

In his last public address, in May, 1923, Dr. Hermann M. Biggs, then the Association's president, mentioned as one of eleven objectives for public health effort "the prevention by education . . . of new infections in the venereal diseases . . ." Previous to that time and ever since this has been among the Association's main lines of endeavor. In twenty years of work nearly all known methods and media of educating the general public with regard to the protection of its health from syphilis and gonorrhea have been utilized, and we have watched with interest the efforts of other agencies in the same direction.

Among the social hygiene educational materials which the Association has developed single-handed or in cooperation with other agencies are: a comprehensive series of books, pamphlets and folders, beginning with *Sexual Hygiene for Young Men* and *The Sword of Damocles*, back in 1914, and continuing with additions and revisions as necessary down to the latest popular series, *Health for Man and Boy*, *Women and Their Health*, and *Marriage and Parenthood*; a series of motion picture films, ranging from the first war-time picture for the men in camps, *Fit to Fight*, down to the talking film, *Damaged Lives*, sponsored last year; a series of graphic exhibits including a permanent exhibit at the Smithsonian Institution, the "Coney Island Exhibit" which, located on the board walk in the midst of charlatans and ballyhoo artists, furnished sound social hygiene information for the merry-makers for the whole season; the carefully planned "Clinic Exhibit" designed to keep clinic patients under treatment, and numerous other exhibits for special and general use.

A series of social hygiene educational campaigns have been conducted in various localities to demonstrate the use of these materials, as well as the value of lectures, radio talks and other public information channels. These have included one

in a metropolitan area, the Bellevue-Yorkville District of New York City, in cooperation with the Health Demonstration of that district, the New York City Health Department and other agencies; one in a city of medium size, Reading, Pennsylvania, in cooperation with the Reading Welfare Federation and other local and county groups, and various special efforts in Chicago, New Orleans and elsewhere. Reports on these campaigns, carefully analyzed as to methods and results* have been published in the JOURNAL OF SOCIAL HYGIENE and serve as hand-books for other agencies undertaking similar work.

In short, public education and information constitute a major part of the Association's activities. In this number of the JOURNAL we have endeavored to bring together various facts and ideas on this topic, with the hope that those working on popular educational projects may find the summary useful, and that those contemplating such efforts may find encouragement and guidance.

TEACHING PATIENTS

The practitioner or institution that accepts responsibility for the medical care of individuals having syphilis or gonorrhea has a dual obligation: first, to the patients, and second, to the community as a whole. The obligation to the patient requires that every effort be made to prevent suffering, invalidism, and death due to these infections, and to restore the patient to perfect health if that be humanly possible. The obligation to the community requires that every resource be utilized to prevent the spread of disease by patients or their contacts.

There are many cogent reasons for including instruction of patients as one of the most important measures which physicians and clinics may employ for the successful discharge of these obligations. Intelligent cooperation of patients can only be founded on knowledge of their medical conditions and

* A census of patients under treatment with private physicians, and in hospitals and clinics, was taken previous to the campaigns, and a second census afterwards. It was found that attendance had been stimulated to a marked extent, and that many new persons had sought diagnosis and treatment. For detailed reports of these campaigns, information concerning social hygiene materials and other references of value, see page 414.

a clear understanding of the reasons which lead the physician to require prolonged and regular attendance for treatment. Knowledge of the fact as to the conditions and methods of spread of syphilis and gonorrhea aids patients in protecting their families and other near associates from infection and makes clear to them the reason for giving hearty cooperation in bringing possible sources of infection and known contacts under medical supervision. By winning the cooperation of patients many of the difficulties involved in continuity of treatment, finding sources of infection, and supervision of contacts, may be overcome.

Another vital factor is involved, namely, the mental health of the patient. A well known psychiatrist once remarked that he wondered which did some syphilitic patients more harm,—the pathologic process of syphilis or the mental trauma inflicted by knowledge of infection with a “loathsome disease.” Hence the *method* of instruction of patients and the *attitude of the instructor* become quite as important as the subject-matter presented in the course of patient teaching.

Certain fundamental aims should constantly be borne in mind as the objectives in instructing patients suffering from syphilis or gonorrhea, namely, to inspire hope of recovery, to encourage confidence in medical supervision, to bolster self-respect, and to obtain the full and intelligent cooperation of patients in their treatment and in the protection of the community from the spread of disease. With sympathy, sanity, and persistence much can be done by nurses, medical social workers and especially by physicians to achieve these objectives.

The articles by Dr. Yarros, Miss Eby and Mr. Regenberg and Mr. Durfee in this number of the JOURNAL give some interesting information on both the question and answer sides of this important problem.

NEWS AND ABSTRACTS

The American Social Hygiene Association Withdraws from Sponsorship of *Damaged Lives*.—The following self-explanatory letter has just been sent to social hygiene societies, state boards of health and other agencies and individuals cooperating in the public health education effort represented by the motion picture drama *Damaged Lives*.

October 9, 1934

To Members and Cooperating Agencies:

After consultation with health officers, physicians, educators and others, this Association undertook a year ago to sponsor the commercially produced motion picture film *Damaged Lives*, dealing with syphilis in family life. We asked cooperation in securing suitable conditions for local showings. Such cooperation from professional and lay groups was most encouraging, but the Association has found it necessary to notify the Weldon Pictures Corporation, who are the owners of the film *Damaged Lives*, that the American Social Hygiene Association's name as sponsor must be removed from the film and all prints thereof, and from all advertising, pamphlets, or other material used in, or sold in connection with, any future showings. We have also called upon the Weldon Corporation to return to us the negative and all prints of the lecture film dealing with syphilis (Title: *Science and Modern Medicine*) which is owned by this Association and which was leased to the Weldon Corporation for joint showing with *Damaged Lives*.

This action was taken not because the friends and advisers of the Association have changed their points of view in regard to the value of these films. The correspondence and opinions expressed generally support the judgment that these films have important educational and informational value. But it has apparently proved impossible for the Weldon Pictures Corporation with its limited organization and commercial affiliations to control undesirable and unauthorized activities of distributors and exhibitors in the local advertising and showings of the films.

It is our understanding that the films are not being scheduled for future showings; but a number of copies have not yet been turned in to the Weldon Pictures Corporation's office and comments from one city indicate that it has just been shown there with undesirable and unauthorized modifications of the approved program. If these films should be announced or shown in your community or State, we would greatly appreciate information to that effect. If you are interested in the successes and difficulties which both the owners and our Association have encountered during this experiment in promoting

scientific information about syphilis through commercial motion picture channels, we will send you details.

Permit us to express again our appreciation of cooperation in this public health education project which gave great promise of accomplishment in a most important field. It is the feeling of our Executive Committee that the efforts were worth while; and that the experience gained will possibly pave the way for entirely successful projects in the future.

Sincerely yours,

WILLIAM F. SNOW,
General Director.

It is hoped that the drama and lecture films may be available to some extent for showing to special groups. A recent showing of interest was before the New York State Conference of Social Work at Albany on October 18th. This showing was sponsored by the social hygiene committee of the Conference.

International Congress Favors Films on Health and Social Hygiene.—Dr. Cline M. Koon, Senior Specialist in Radio and Visual Education in the U. S. Office of Education, sends us this interesting report on the International Congress of Educational and Instructional Cinematography, held in Rome last April. Dr. Koon was chairman of the American delegation.

More than 700 delegates from 45 nations attended the International Congress in Rome, Italy, April 19 to 25, called by the International Institute of Educational Cinematography to consider the educational aspects of the motion picture. Representatives of various governments, corporate bodies, associations, and international groups participated. The Congress was opened at the Capitol in full state by Premier Benito Mussolini and M. Avenol, Secretary General of the League of Nations. General sessions, sectional conferences, committee meetings, film exhibitions, tours, receptions, and dinners were held, and resolutions adopted.

One commission of the Congress gave its entire time to a consideration of films on hygienic topics and as social safeguards. The importance of motion pictures for the diffusion of information in this field is indicated by the following resolutions which were adopted by the Congress:

“The Congress,

“(1) Asserts the undoubted superiority of hygienic propaganda and instruction by means of the film as compared to other systems of spreading knowledge.

“(2) Is unanimous in maintaining that propaganda for hygiene and social protection ought to deal with the entire question of the

defence of the race, that is, by the propaganda of maternal and infant welfare, the physical training of youth and its preservation from social evils to the propaganda which deals particularly with the various social aspects of hygiene training; all this should be understood as having for its sole object the defence of the race.

"(3) Declares that the efforts of public bodies and all other organizations and institutions aiming at the defence of human health and the protection of the race should be directed towards a more organized and disciplined use of motion picture projections:

"(a) Concentrating and coordinating efforts in order to avoid a dispersion of energies and duplicating productions;

"(b) Encouraging the production of such films by means of state subsidies or prizes for producers or by guaranteeing producers as to the sale of a certain number of copies;

"(c) Encouraging the production of films satisfying the requirements that have to be met and consequently planned by those who are in close daily contact with the needs of hygiene propaganda and social safeguard work. The collaboration of technicians will be required for the production of such films so that the pictures do not fail in their purposes, owing to the fact that they do not respond to scientific requirements;

"(d) Taking into consideration that if the hygienic teaching film must satisfy didactic and pedagogic requirements in the same way as other teaching films, the hygienic propaganda film must have literary and social bases. In any case it must be understood that the logical development of a subject must be capable of directly interesting the masses and through persuasion, suggestion and emotion, capturing the imagination of the people, and have thus useful effects on the care which people should take of their health and that of their families, and of society in general;

"(4) Is of the opinion that propaganda of a statistical nature (posters, affixed notices, etc.) should as far as possible be combined with cinema propaganda, so that pictures should recall to those who see them the scenes actually seen on the screen and thus affect more deeply the mind of the people;

"(5) Is of the opinion that the basis of hygiene propaganda of an international character should be the same as national hygiene propaganda. It is therefore important that there should be a center in each country for coordinating all initiative in the use of the cinema in the field of social hygiene (social diseases, prophylaxis and social insurance, etc.);

"(6) Is furthermore of the opinion that the I.I.E.C. should be considered as a center of coordination to which all the before mentioned national organizations actually existing send in all details referring to their work in connection with propaganda and visual instruction. They should also, in the opinion of the Congress, describe in full detail the subjects treated in their films, the experiments carried out and the various means used for projection in small centers (traveling cinemas, etc.).

"They should also make known the results of any of their experiments and enquiries, so that the I.I.E.C. may issue a publication

annually on the subject of hygiene propaganda. Such publication ought to contain the detailed catalogue of all films produced or about to be produced which, owing to the convention for the suppression of customs barriers, may lead to the exchange of films between different countries; it should contain also the list of all those institutions which interest themselves in propaganda by means of the film for hygiene, etc.,

"With regard to the subjects of the films in course of production, it is requested that the I.I.E.C. should make these known as soon as possible as they come to its own knowledge, and that this should be done through the Institute's periodical the *Review* or the *New Bulletin*.

"(7) States that the Institute could greatly facilitate the work of international collaboration by means of:

"(a) The utilization, in the international field, of films which, having a definitely scientific character, could very well be produced equally successfully in countries of a different mentality;

"(d) The systematic documentation of everything done in all countries to elevate the hygienic and social level of the masses;

"(e) The spreading of results of experiments made in other countries in order that the most suitable type of programmes for each country may be determined;

"(d) The production of films of a true international character by means of scenes taken in different localities both to testify to the universality of the evils which we must fight and also to allow the widest possible distribution of the means of propaganda;

"(8) Requests that the interpretation of the Customs Convention should be extended to apply to those films of a recreational character obviously having for object the propaganda for social hygiene and prevention;

"(9) Believes—in the matter of production—that short films may be either silent or talking, and that those which are clearly of a propaganda character destined for localities where the cultural level of the masses is not sufficiently high to follow talking comment, should be preferably in silent editions helped out possibly with comment from a lecturer;

"(10) Points out the great utility of the film in the matter of anti-venereal propaganda and urges a wider production and diffusion of general propaganda films to be projected also in public cinemas and films of special propaganda to be projected before certain categories of persons;

"(11) Considering that workmen's accidents must be regarded in many cases as psychological facts:

"That therefore a greater development in the study of psychological technicology should be made in order to understand better the individual in regard to his work;

"That to create in the mind of the workman the idea of defence against accident and to facilitate as well work of scientific research and study the cinema offers the best possible methods compared to all others in use today;

"That, for this purpose the film can be limited simply to documen-

tation and to technical and scientific research, or it can seek even in comedy or dramatic form which may respond better to the mentality of the working public the motive force which can move and instruct at the same time;

"Proposes that industrial organizations and national and international institutions, which are engaged in the problems of work, make a wider use of the cinema in their propaganda against industrial accidents;

"That they study those types of films which may prove best suited to different kinds of work in the fields of industry and agriculture;

"That they work to develop such activity in industrial and agricultural fields and in every other field where it may contribute to the popularization of scientific, social and human principles.

"That such activity should be coordinated through the work of the Institute of Rome, so that films for demonstrating the prevention of accidents and first aid can, by their character, become a useful instrument of propaganda likely to obtain the widest possible international circulation."

Health departments and other agencies directly interested in safeguarding public health will appreciate the international interest in the subject as reflected in the resolutions above. It appears that the film may become an important factor in social hygiene instruction both in formal instruction and in that ever-broadening field of adult education.

Motion Pictures in Education in the United States.—In connection with the resolutions mentioned above, it is interesting to note in brief the report compiled by Dr. Koon, with the assistance of a committee of leaders in the field, for presentation to the International Congress on behalf of the United States.

Stating in its introduction that "educators have a responsibility to guide, in so far as they can, and work with the motion-picture industry in such a way that false conceptions and improper situations may not be accepted through countless reiterations to the entire cross-section of the population," the report points out that children in this country are apparently receiving a considerable amount of their education from the motion pictures, particularly in human relations, and more specifically in courtship and marriage. The following facts are presented:

It is estimated that 70,000,000 persons attend motion picture performances every week in the United States.

On an average, each child in areas where motion pictures are physically available, goes to the movies once a week.

Three out of four of the pictures that are shown relate to sex, crime or romantic love.

It is believed that the child retains two-thirds as much as the

adult from his attendance at the movies, and that motion pictures change children's attitudes and these changes have a lasting influence.

Motion picture appreciation courses in high schools offer a new and promising method for building better standards of judgment of films on the part of children.

One hundred ninety thousand non-theatrical motion picture projectors are in use, including home sets, the Department of Commerce reports.

Thirty-two states have film libraries.

At the present time, most of the non-theatrical projectors in school auditoriums and public halls are 35 millimeter silent projectors.

The steady growth in the use of 16 mm. films in classrooms is reflected in the reports from six cities in the United States revealing an increase in showings from 101,170 in 1931-32, to 148,943 in 1932-33, an increase of more than 47 per cent.

Motion pictures increase the effectiveness of instruction. Pupils studying with one group of historical films learned 19 per cent more than those who did not, and learned more quickly; remembered 12 per cent better; and outside of the classroom work, voluntarily read 40 per cent more supplementary material in American history.

But it is estimated that less than 10 per cent of all public schools are making systematic use of motion pictures in classroom instruction.

In conclusion the report declares: "In comparison with the theatrical motion picture, the non-theatrical picture in the past usually lacked technical excellence, was used comparatively little, and with varying regularity. Many agencies have pioneered in the development of the educational film, but the result in the United States today is chaotic and disorganized. The principal reasons for this condition seem to be the past policy of the Federal Government to leave to private industry and voluntary endeavor many activities that the typical European Government would assume, and the educational system of the country which is not centralized in the Federal Government, but, in main, is left to each of the 48 states. Private industry is deadlocked over the fact that producers cannot afford to make films until a sufficient number of projectors is sold to make the work profitable, and the projector concerns cannot sell their apparatus because there is no comprehensive library of suitable films available for their use.

"Commendable efforts are being made in many places to overcome these difficulties, according to the report, "but there is a great need for a national films institute (1) to assemble, edit, classify, publicize, and catalogue non-theatrical film material, and to set up a convenient and economical distribution system; and (2) to produce and stimulate the production and effective utilization of educational films. An entire nation seeks enlightenment—courage to look forward and

inspiration to work for the new social order wherein every human being would have the chance to enjoy living and working.

"The education of tomorrow should give a new appreciation of leisure and its usefulness and a new sense of citizenship and cooperation. The vast potentialities of the use of motion pictures in the nation's education are only beginning to be generally recognized."

The report has been printed by the University of Chicago Press.

The Next That Should Go.—Speaking on this subject before the annual meeting of the Westchester Tuberculosis and Health Association last April, Homer Folks, Secretary of the New York State Charities Aid Association, reaffirmed his organization's belief, after two years of effort in social hygiene, that the next major public health offensive should be against syphilis. Discussing the situation in New York State, Mr. Folks said in part:

Syphilis is one of the major public health problems in New York State. Vital statistics do not tell the whole truth, and in fact, tell many lies about the prevalence of syphilis. It causes a large number of deaths listed as due to heart disease; it was responsible for nearly 400 deaths in upstate last year from general paralysis of the insane, and was a determining factor in many other large groups of deaths assigned to other causes. Last year nearly 68,000 cases of syphilis were reported as against 17,523 cases of tuberculosis in New York State.

Since 1907 when the campaign against tuberculosis was first organized, this disease has been reduced by nearly four-fifths. Our knowledge of the cure and prevention of tuberculosis, while theoretically complete at that time, was by no means practically so. A great deal of faith and hope, as well as of charity, was required in starting the tuberculosis movement. To whatever credit the individual factors may be entitled, the sum total is about the brightest chapter in the history of the Empire State.

Scientific discovery has within the past few years put into our hands the weapons for controlling another serious disease, diphtheria. The health agencies, public and private, achieved the substantial elimination of this disease in a five-year period—in their stride, so to speak—without any diminution of the effort against tuberculosis.

Nothing could be more foolish than to be diverted from cleaning up the remainder of tuberculosis and of diphtheria, but since in both cases the problem is reduced to a mere fraction of its original dimensions and since the voluntary and official public health agencies have gained in experience, in momentum, in organization, in morale, it is certainly very pertinent to ask "Has not the time come to take on another big job?" It is certainly not overestimating vigor, possibilities and capacities of the modern public health movement to say that it is fully equal to another major offensive.

The general prescription for selecting the next to go, should be

the same as when tuberculosis was set apart for attack. The choice should be a prevalent disease, a chronic disease, one that undermines the stability of family life; one that is well understood scientifically as to cause and mode of infection; one that can be cured and one that can be prevented.

Apply these tests to the six major causes of death in New York State during 1933—heart disease, cancer, nephritis, cerebral hemorrhage, accident and pneumonia.

Should it be diseases of the heart? These far outnumber any other one disease. But they are not one disease; they include a wide variety of diseases, differing markedly in their origin, development, the ages at which they occur, and as to possibilities of cure and of prevention. There is no one prescription for the prevention of heart disease; nor is there any shot-gun prescription with which to attack them all. The vast majority of deaths from heart disease occur in the late years of life, when the jig is almost up anyway; when the machinery is worn out; when not only the heart, but also the kidneys, the arteries, and very likely other organs, are on their last legs, and when it is rather accidental as to which one collapses first. In any case, there is little to be done about these types of heart disease.

Shall the next health offensive be against cancer? It is widespread, serious, and causes many fatalities in middle and late middle life. We know a little about some of its causes, but not enough for a broad preventive program, nor do we know how to cure it (unless it is early and operable).

Nephritis is much like heart disease—due probably to a variety of causes, most of which are little understood.

Cerebral hemorrhage and similar difficulties, are also as yet beyond the range of full understanding or prevention.

Accidents, now the fifth cause of death, offer some opportunities for prevention, but not very promising ones.

As to pneumonia, our resources are the slightest. We do not know how to prevent it. We cannot do much about curing some of its types. Our knowledge is incomplete.

Summing up, of the six factors which now cause more deaths than tuberculosis, no one offers a first class opportunity for prevention at this time. Any day may change the picture, but up to now we are relatively helpless before them.

Syphilis, on the other hand, meets all these tests and should be the next to go. I am more and more impressed by the many parallels and similarities from the point of view of social significance between tuberculosis and syphilis. For this reason it seems to me that the tuberculosis associations are clearly indicated as the voluntary health agencies which should take a very active part in the control of syphilis. I believe that we should rally all our forces and plan as comprehensively for the control of this disease as we did for the control of tuberculosis.

Note a few of the parallels and similarities between the two diseases: tuberculosis having gained admission to the body may lurk in almost any part of it and cause trouble; thus we have tuberculosis

of the lungs, intestines, joints and bones, glands, meninges, larynx. The causes of syphilis behave in exactly the same way. Once syphilis has gained access to the body it is a general infection; if not treated it may localize almost anywhere—in the brain, the spinal cord, the heart. They differ in one respect—the majority of the tuberculosis infections are in the lungs—the syphilis germ has no such partiality, it seems almost equally liable to affect several vital organs.

An organized effort against this disease is much simpler and involves far less expenditure than the anti-tuberculosis campaign. Syphilis patients in the active stage of the disease do not even require hospitalization. The treatment must be at regular intervals over a period of not less than two years, but even so the total cost to the community is but a fraction of the cost for a similar period of hospitalization or sanatorium care for tuberculosis patients.

Early diagnosis and treatment is a major factor in the prevention, as well as the cure of syphilis. After one or two treatments the patient cannot spread the infection to others, so long as treatment continues. I am sure that during the next quarter century even more can be accomplished in control of syphilis if public education and the provision of better medical care for its victims can be stimulated by voluntary agencies in the same way as anti-tuberculosis measures were stimulated.

This address, reported in the *S.C.A.A. News*, for April, 1934, has been widely quoted, both in New York State and elsewhere. Through the courtesy of the New York State Tuberculosis and Health Committee and the National Tuberculosis Association, copies have been distributed to the state tuberculosis and health agencies and similar organizations in the larger cities. A number of these have expressed their interest in the conclusions drawn by Mr. Folks, and their intention of developing social hygiene work as soon as feasible.

What the Public Should Know about Syphilis.—An important contribution to popular education in social hygiene was made by Dr. John H. Stokes of the University of Pennsylvania, when he spoke last May before the annual conference of state and local tuberculosis committees held in New York City. Taking for his subject *Some Things a Layman Should Know about the Nature, Cure and Prevention of Syphilis*, Dr. Stokes stressed the need for informing the public about the prevalence of syphilis; and its importance as a cause of death, illness, and economic loss; where to go for early diagnosis; that a little treatment is probably worse than none and that it is disastrous to discontinue treatment when the first negative Wassermann is obtained. The need of routine serologic tests in medical examinations was also emphasized; and the desirability of teaching persons who contemplate marriage to demand a premarital examination including a blood test.

No one group is in more urgent need of instruction about the venereal diseases than college men and women, according to Dr.

Stokes. Other groups to whom such instruction should be given are women's clubs, teachers, legislators, and life insurance companies.

The public should know that by early training of the child, by making marriage more attractive and orthodox, and by promoting social institutions which help to make the transmission of venereal disease less frequent men and women can contribute more than all the arsphenamines in the world toward the ultimate control of the venereal disease problem.

The Massachusetts Society for Social Hygiene is planning to publish Dr. Stokes' address serially in its monthly *Bulletin*, the first instalment having appeared in the October issue.

A Public Health Radio Program.—For the first time, the National Advisory Council on Radio in Education has entered the field of Public Health this fall, with a series of broadcasts entitled *Doctors, Dollars, and Disease*, which began on October 2nd.

There will be in all nineteen programs of fifteen minutes each (10:45–11:00 Eastern Standard Time), every Monday evening, through February 25th (excepting October 29th, November 5th, and November 12th), over a nation-wide network of the Columbia Broadcasting System, station WABC.

This series of broadcasts will consider the subject of medical economics, the cost of medical care, the relation between the medical profession and the public, and ways of reconciling the interests of the two groups.

"The recent progress of the science of medicine has been little short of miraculous," says the announcement of the series. "Physicians as a rule have shown fine professional spirit and have given freely of their time without pay. Yet more than fifty million persons in the United States either do not receive the care which they need, or are heavily burdened by its costs, while many practitioners and agencies for health are under-employed and poorly paid. The barrier is mainly economic. It stands between the doctors and the dentists and the nurses who are able and eager to serve and the patients who are sorely in need of the service. The problem is to bring doctors and dollars and diseases into such helpful and continuous contact with each other that the practice of medicine can keep pace with the science of medicine. That is the central theme of this series."

Many solutions are proposed. Some of them—including certain plans for group payment of medical services on an insurance basis—are widely approved, because it is believed that under such plans most families would be able to budget the otherwise unpredictable and possibly unbearable costs of medical care. Other plans—including some forms of "state medicine"—are widely opposed because of the fear that they will lower the quality of medical services.

The announcement states that the purpose of these talks is not to advocate any one solution of the problem, but to furnish reliable information and stimulate discussion.

All the programs will be published by the University of Chicago Press, 5750 Ellis Avenue, Chicago, and each program will be available

shortly after it is broadcast. The price is fifteen cents for individual numbers, or two dollars for the series of nineteen.

The Public Health Committee of the National Advisory Council on Radio in Education is headed by William Trufant Foster, Director of the Pollak Foundation, and includes Dr. Haven Emerson, Dr. Alice Hamilton, Dr. Thomas Parran, Jr., Dr. H. S. Cumming, and Dr. Ray Lyman Wilbur. The National Advisory Council on Radio in Education is headed by Robert A. Millikan as President, and Levering Tyson is the Director.

The list of speakers includes many prominent men in public life, in the field of education, in the medical world, and in health and welfare activities.

The program during November and thereafter is as follows:

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| November 19: <i>Public Health Needs</i> , Thomas Parran, Jr., M.D., Commissioner, State Department of Health, New York | New Jersey, and Homer Wickenden, General Director, United Hospital Fund, New York City |
| November 26: <i>Preventive Medicine</i> , George H. Bigelow, M.D., Director, Massachusetts General Hospital, Boston | January 14: <i>The Nurse's Part in Medical Care</i> , Katherine Tucker, General Director, National Organization for Public Health Nursing, Inc. |
| December 3: <i>Abuses of Medical Charity</i> , Nathan R. Van Etten, M.D., New York City | January 21: <i>Mutual Health Service</i> , Nathan Sinai, Director of Research, Michigan State Medical Society |
| December 10: <i>The Doctor's Part in Medical Care</i> , Ray Lyman Wilbur, M.D., President, Stanford University; former President, American Medical Association | January 28: <i>The Government's Part in Medical Care</i> , William Hard, Journalist, Washington, D. C. |
| December 17: <i>Uneven Costs of Sickness: How to Meet Them</i> , Paul H. Douglas, Professor of Industrial Relations, University of Chicago | February 4: <i>The Future of Medical Care</i> , Haven Emerson, M.D., College of Physicians and Surgeons, New York; former President, American Public Health Association |
| December 24: <i>Tiny Tims of Today</i> , William Trufant Foster, Director, Pollak Foundation | February 11: <i>Present Trends in Health Insurance</i> , I. S. Falk and Edgar Sydenstricker, Milbank Memorial Fund, New York City |
| December 31: <i>Progress in 1934</i> , Michael M. Davis, and C. Rufus Rorem, Julius Rosenwald Fund, Chicago | February 18: <i>The Man From Mars Asks Questions</i> , Harry H. Moore, Director of Study, Committee on the Costs of Medical Care |
| January 7: <i>Budgeting Hospital Bills</i> , Frank Van Dyk, Executive Secretary, Hospital Council of Essex County, | February 25: <i>Next Steps</i> , Livingston Farrand, M.D., President, Cornell University |

NEWS FROM OTHER COUNTRIES

Portugal.—Patient Education in Lisbon. The annual report of the Social Hygiene Dispensary, Lisbon, for the year 1933 emphasizes the necessity of educating the patient regarding syphilis and gives some of the methods used and results obtained. It has been found that consultation and treatment of infected persons in the presence of other patients has an educational effect on the latter as they have an opportunity to see not only the result of continued treatment and the disastrous effects of lack of treatment, but learn as well something of how the disease spreads through family contacts. Patients requiring special observation and treatment are of course dealt with privately. Children often accompany their parents to the clinic and are examined and treated first. The dispensary considers that the clinic histories of the children make a deep impression on adult patients. The older patients are treated following the children as their cases are usually more complicated and they also act as a school for the younger patients. These are examined and treated last and the advice given to each of them being heard by all present, it is believed has the effect of educating the entire group as well as holding the patient to treatment. Every effort is made to consider syphilis as an ordinary and not a shameful disease, at the same time the patient is urged to observe self-control in sexual matters. An important part of the dispensary's work is its social service follow-up. Great care is observed in tracing the progress of the disease in the family and every effort is made to hold the patient from the time he first comes to the dispensary. The report says that "only death or the absolute disappearance of the patient makes him go out of our daily consideration."

Sweden.—Sex Instruction in Schools. Social hygiene is a subject given emphasis in the public schools of Sweden, according to Dr. Holger F. Kilander, Dean of Panzer College, New Jersey. In a talk before the American Physical Education Association Dr. Kilander stated that the anatomy and physiology of reproduction is treated as extensively in the text books in Swedish schools as are other phases of life. The teaching of social hygiene of course is facilitated by the fact that schools are largely non-coeducational. Social hygiene education is further advanced in the girls' schools than the boys. Dr. Kilander's information was obtained through an extended personal study of the health education program of Sweden.

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- Edwards, Mary S. *Popular Health Education in Simplest Terms*. An experiment in social hygiene education for Negroes in the city of New Orleans. *Journal of Social Hygiene*, April, 1934. A.S.H.A. Pub. No. 891.
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- Lashley, Karl S., and Watson, John B. *A Psychological Study of Motion Pictures in Relation to Venereal Disease Campaigns*. U. S. Interdepartmental Social Hygiene Board, 1922. A.S.H.A. Pub. No. 354.
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- Pinney, Jean B. *Social Hygiene Education in a City of Medium Size*. A summary report of the social hygiene educational campaign conducted in Reading, Pennsylvania, in February, 1933. *Journal of Social Hygiene*, November, 1933. A.S.H.A. Pub. No. 854.
- Stokes, John H. *Some Things a Layman Should Know about the Nature, Cure and Prevention of Syphilis*. Bulletin of the Massachusetts Society for Social Hygiene, Boston, October, 1934, and subsequent issues.
- Winslow, C.-E. A. *The Social Hygiene Program—Today and Tomorrow*. A.S.H.A. Pub. No. 832.
- Zimand, Savel. *An Educational Experiment in the Bellevue-Yorkville District of New York City*. *Journal of Social Hygiene*, March, 1931.

SOCIAL HYGIENE EDUCATIONAL MATERIALS RECOMMENDED FOR POPULAR USE

Books

- Cady, B. C. and V. M. *The Way Life Begins*. New York, A.S.H.A., 1917. 78 p. \$1.50. The beginnings of plant, animal and human life. Illustrated with colored plates.
- De Schweinitz, Karl. *Growing Up: The story of how we become alive, are born and grow up*. New York, Macmillan, 1928. 111 p. \$1.75.
- Dickerson, R. E. *Growing Into Manhood*. New York, Association Press, 1933. 100 p. \$1.00. *So Youth May Know*. New York, Association Press, 1930. 255 p. \$2.00. (Paper ed. \$1.25.)
- Exner, M. J. *The Sexual Side of Marriage*. New York, Norton, 1932. 252 p. \$2.50.
- Hood, M. G. *For Girls and the Mothers of Girls*. New York, Bobbs-Merrill, 1914. 151 p. \$1.75.
- Moore, H. H. *Keeping in Condition*. New York, Macmillan, 1919. 137 p. \$1.20. Sex hygiene for older boys.
- Snow, William F. *Venereal Diseases—Their Medical, Nursing and Community Aspects*. New York, Funk and Wagnalls, 1924. 59 p. 30c. (National Health Series.)

SOCIAL HYGIENE EDUCATIONAL MATERIALS RECOMMENDED FOR POPULAR USE

Pamphlets

For Parents and Young People

A.S.H.A.

Pub. No.

<i>The Truth about Syphilis and Gonorrhea</i> , 5 cents.....	789
<i>The Medical Charlatan</i> , 5 cents.....	791
<i>The Case Against Prostitution</i> , 5 cents.....	790
<i>Health for Man and Boy</i> } A Special Series by William F. Snow, M.D. {	839
<i>Women and Their Health</i> } 5 cents each {	840
<i>Marriage and Parenthood</i> }	841
<i>Established Points in Social Hygiene Education</i> , M. A. Bigelow....	820
<i>A Formula for Sex Education</i> 5 cents.....	778
<i>Sex Education in the Home</i> , Helen W. Brown.....	844
<i>Social Hygiene and the Child</i> , Valeria H. Parker.....	542
<i>Some Inf'mation for Mother</i> , John P. Gavit.....	532
<i>Your Daughter's Mother</i> , Ruth Kimball Gardiner.....	319
<i>Choosing a Home Partner</i> , Newell W. Edson.....	526
<i>The Question of Petting</i> , Max J. Exner.....	853
<i>Health for Men</i>	827

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Unless otherwise noted, pamphlets are 10 cents each, 80 cents per dozen, \$5.00 per hundred, \$25.00 per thousand. Single copies free to members.

Folders (supplies of these may be obtained without charge except for postage for distribution to clubs and popular groups)

For Your Home Library, 8 page folder, listing popular pamphlets and books, and mentioning *Points for Parents to Remember* when dealing with sex education of their children.

When You Were Six Years Old. A popular presentation of the problems of congenital syphilis and program for prevention of this menace to childhood health.

Exhibits

How Syphilis Spreads

A chart showing in simple but effective outline the epidemiology of syphilis. Size 29 x 35 inches, on heavy white stock, at 75 cents per copy, or 8½ x 11 inches at 50 cents per 100 copies.

Clinic Exhibit

A set of six placards designed to encourage regular attendance of clinic patients. Printed on white cardboard in two colors. Size 10 x 18 inches. Price \$1.25 per set postpaid.

Social Hygiene Axioms

A set of 10 charts showing the problems of syphilis and gonorrhea as they affect the family, and especially the nurse's relation to them. Size 17 x 22 inches, colored and mounted, \$5.00; black and white, unmounted, \$1.00; miniature, 8½ x 11 inches, 10 cents per set, or \$1.00 per dozen sets.

Social Hygiene in Industry

Six posters, showing the nature and extent of social hygiene problems in industry, with practical suggestions for employers and personnel workers. Printed on heavy white paper in two colors. Size 19 x 38 inches. Price, \$1.75, postpaid.

Films

Title of Film	Subject	Type of Film	Suitable for use by	For Groups of	No. of Reels	Purchase Price	Rental Per Day
<i>The Gift of Life</i>	<i>Biology of sex and reproduction</i>	<i>narrative and diagrammatic</i>	<i>teachers and lecturers</i>	<i>adults and young people</i>	4	35mm \$170 16mm \$108	\$4.00
<i>Deferred Payment</i> (Produced by the British Social Hygiene Council)	<i>Effects of congenital syphilis</i>	<i>drama</i>	<i>physicians, nurses and lecturers</i>	<i>adults</i>	4	35mm \$200 16mm \$140	\$4.00
<i>Venereal Diseases</i>	<i>Causes and effects of gonorrhea, syphilis and chancroid</i>	<i>diagrammatic and photographic</i>	<i>medical lecturers</i>	<i>men and older boys (lay groups)</i>	3	35mm \$115 16mm \$75	\$3.00
<i>Social Hygiene for Women</i>	<i>Biology of reproduction</i>	<i>diagrammatic and illustrative</i>	<i>medical lecturers and teachers</i>	<i>women and older girls (lay groups)</i>	2	35mm \$95 16mm \$60	\$2.00
<i>Men's Lecture Film</i>	<i>Condensed version of "Venereal Diseases"</i>	<i>diagrammatic and photographic</i>	<i>medical lecturers</i>	<i>men and older boys (lay groups)</i>	1	35mm \$38 16mm \$25	\$1.00 <i>All prices plus transportation charges</i>

ANNOUNCEMENTS

This Month.—Forty-eight pages proved to be all too few to hold the interesting material accumulated on popular health education in social hygiene, the topic of this month's JOURNAL. . . . We plan to include in later issues some of the other items contributed on this subject by members and friends. Meanwhile, the present data are submitted as of practical value in dealing with current questions. . . . *Venereal Disease and the Patient*, the Reuben-Durfee article which heads the Table of Contents, is based on interviews with 10,000 patients, and outlines plainly the emotional and educational problems involved. . . . Dr. Yarros and Miss Eby in their articles *The Education of Clinic Patients and Education Reaps Its Reward in Detroit*, report success in meeting these problems, and the editorial *Teaching Patients* has further bearing on this phase of public education. . . . Dr. Clarke's *Notes for a Talk to the General Public* will be a boon to lecturers seeking a brief, concise outline, and the bibliographies on pages 413-415 provide opportunity for further research if desired, as well as some leads to useful educational tools. . . . *Churchmen and the Conspiracy of Silence* reports on one section of the study made last year by Dr. Hall, in charge of public education on syphilis for the Lincoln National Life Foundation, on public attitudes towards mass education about syphilis. . . . *Single copies of this number of the JOURNAL, 35 cents; reprints 10 cents each, free to members.*

Next Month and Later.—*Betrothal*, by Paul Popenoe, deals with the social function of the engagement period, and discusses some of the perplexities which confront engaged couples in the present day. . . . *Sexual Problems of Adolescents*, by Dr. Ira S. Wile, has to do with still another phase of youth's dilemma. . . . Both these articles are planned for the December JOURNAL. . . . In the near future we hope to print a summary of the findings of the Conference on Education for Marriage and Family Relationships held last summer at Columbia University in cooperation with the American Home Economics Association and the A.S.H.A. . . . The January JOURNAL is planned as a summary and evaluation of

the Association's activities. . . . The February number expects to present another annual résumé of current social hygiene events and progress in the states and communities. Social hygiene workers tell us this is handy for reference throughout the year.

Current Publications.—The new edition of *Parents and Sex Education*, the popular book by Dr. Benjamin C. Gruenberg (112 pages, Viking Press, 1932), through a special arrangement with the publishers may be secured from the Association at the reduced price of 75 cents per copy. . . . Dr. Snow's *Special Series* of pamphlets, *Health for Man and Boy, Women and Their Health and Marriage and Parenthood* are now available for 5 cents each, 50 cents per dozen, \$2.50 per hundred, or \$15.00 per thousand. The set of three, 15 cents, \$1.50 per dozen sets, \$7.00 per hundred sets, or \$40.00 per thousand sets. . . . *Public Health and Social Hygiene*, excerpts from a recent paper by Dr. John H. Stokes, appearing in October *Public Health Nursing*, is available in reprint form 10 cents per copy. . . . *The Church's Opportunity in Family and Parent Education*, prepared by the Joint Committee on Family and Parent Education of the International Council of Religious Education, discusses methods and objectives in this important field, and lists books and pamphlets for the minister and church worker. 10 cents per copy. . . .

For Free Distribution.—*For Your Home Library*, an eight page folder giving a selected list of books and pamphlets for parents, and including the helpful *Points for Parents to Remember*, is available upon request in quantities of 100 to 500, without charge except for postage. . . .

Special Offer to Libraries.—A limited number of the valuable reference book *An Experimental Study of Psychopathic Delinquent Women*, by Edith R. Spaulding, M.D. (368 pages, Rand McNally, 1923), are available without charge except for postage. . . . A few copies of the books *Sex and Social Health*, by Professor Thomas W. Galloway (360 pages, A.S.H.A. 1924), and *Women Police*, by Chloe Owings (337 pages, Hitchcock, 1925), may also be secured on the same basis.

Membership in the Association, with its privileges of receipt of the JOURNAL, the News, pamphlets and other publications, would be a welcome gift to your friends and acquaintances. Annual dues \$2.00.

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December, 1934

Ink
No. 9

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PUBLISHED MONTHLY EXCEPT JULY, AUGUST AND SEPTEMBER

AT 372-374 BROADWAY, ALBANY, N. Y., FOR

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDITORIAL OFFICES

50 WEST FIFTIETH STREET, NEW YORK CITY

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The JOURNAL OF SOCIAL HYGIENE is supplied to active members of The American Social Hygiene Association, Inc. Membership dues are two dollars a year. The magazine will be sent to persons not members of the Association at three dollars a year; single copies are sold at thirty-five cents each.

Price \$3.00 per year; 35 cents per copy.

Entered as second-class matter at post-office at Albany, N. Y., March 23, 1922.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized March 23, 1922.

Published monthly (nine issues a year) for the Association by the Boyd Printing Company, Inc., 372-374 Broadway, Albany, N. Y.

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Member, Union Internationale Contre Le Péril Vénérien
4 rue de Sèvres, Paris, France

Journal of Social Hygiene

VOL. XX

DECEMBER, 1934

NO. 9

HIGH POINTS of the CONFERENCE ON EDUCATION FOR MARRIAGE AND FAMILY SOCIAL RELATIONS

This article is based on the reports which were "adopted in principle" and referred to a Continuation Committee at the last session of the conference held in New York City in July, 1934, under the sponsorship of Teachers College of Columbia University, the American Social Hygiene Association, and the American Home Economics Association. It has been prepared by Professor Maurice A. Bigelow, Professor Helen Judy-Bond, and Dr. William F. Snow.

The Continuation Committee of the Conference has authorized publication of a preliminary statement because there are numerous requests for information about the general findings of the Conference. A full report will be delayed until several special committees and conferences have considered many points which were left more or less incomplete last July. Plans are now developing for several regional conferences on education for marriage and family social relations based upon this report, early in 1935.

The final report will contain selected bibliographies, lists of high schools, colleges and other institutions reported as doing significant work in family education and related activi-

ties, reports of special committees appointed by the Continuation Committee, and lists of consultants and persons who attended the conference.

GENERAL PLAN OF THE CONFERENCE

The college and the two associations which sponsored the conference appointed an organizing and executive committee consisting of Dr. Paul Popenoe (chairman), Professor Maurice A. Bigelow, Professor Helen Judy-Bond, Dr. William F. Snow, and Professor Frances Zuill. This committee, after discussions with many consultants, decided that the conference should be planned with special attention to the following propositions:

Education for marriage should be stressed because marriage not only normally leads to parenthood but also often leads to family life without parenthood.

Education for marriage should be considered the logical foundation for parent education.

Family life includes much more than relations of parents to children, and any comprehensive plan for family education should aim to educate children and youths for participation and responsibility in the families in which they are growing up, as well as for their own family life in later years.

The conference should be limited as far as possible to social relations, but it must be recognized that these are inevitably involved in various other family relations, such as economic, legal and biologic.

Consideration of the various points of view as to the meaning and scope of education for family life and of the opportunities for applying planned educational measures to the problems involved, led the Organizing Committee to arrange for seven conference groups or sections which discussed and planned educational attack on the situations and problems of family life. In doing this, they considered the possible contribution and influences of homes, schools, churches, and other institutions and agencies which aid preparation for family life. The groups were as follows:

Group I, Childhood, Mrs. Sidonie Matsner Gruenberg, chairman.

Group II, Youth, Dr. Willard W. Beatty, chairman; Mr. Newell W. Edson, associate chairman.

Group IIIA, Young men and women in colleges, Professor Ernest R. Groves, chairman; Professor Benjamin R. Andrews, associate chairman.

Group IIIB, Young men and women not in colleges, Dr. Valeria H. Parker, chairman; Dr. William F. Snow, associate chairman.

Group IV, Adult education, Professor Lyman Bryson, chairman.

Group V, Training leaders and teachers, Professor Jesse F. Williams, chairman.

Group VI, Personal and family counseling, Dr. Paul Popenoe, chairman.

FUNDAMENTAL ASSUMPTIONS

At the first general session, it was agreed that the following are fundamental assumptions that did not require discussion in a conference concerned primarily with education for family life:

I. Marriage and the family are here to stay. The family as a biologic and social unit should not be confused with environmental conditions which are always changing. This conference can have important significance only if its members base their discussions on belief in the permanence of the essentials of marriage and family life as they now exist and have existed as far back as social anthropology has proof.

II. Education for marriage and family relations certainly does not prevent or solve all family problems, but there is abundant evidence that it leads to decided improvement in the understanding and attitudes of those contemplating marriage and those who are members of family groups.

III. This conference is concerned primarily with ways and means of education for family life; in other words, with selection and organization of available matter for educational use. It is not directly concerned with fact-finding or interpretation of facts concerning family life, and therefore aims to avoid the numerous unsolved and highly debatable problems of law, sociology, psychology, and social biology in relation to family life.

GENERAL FINDINGS FROM ALL THE GROUPS AND THE GENERAL SESSIONS

Education for marriage is needed by all normal young persons. Powerful instinctive tendencies and weakened social controls have set up contemporary situations in which promise of effective selection of mates, and success in marriage and family life depend on the two prospective parents

being prepared for making many intelligent choices affecting family life. In short, a kind of professional education for family life is needed.

There was general agreement that educational attack is needed along a wide front as indicated by the titles of the seven groups of this conference.

There was general agreement that the larger sex education, or social hygiene education, is fundamental in family education. Each group accepted the proposition that sex education is an essential part of education for marriage and family social relationships. This naturally follows from the fact that sex is the biological basis of marriage and the family.

Education for marriage and family life does not call for a definite curriculum, such as teaching mathematics or the languages; but advantage should be taken of many opportunities from childhood to middle age to give helpful information, to direct attitudes, to set up and maintain accepted standards of family life, *et cetera*.

Education for marriage and family life is very much involved in other aspects of education, such as education for citizenship, health education, character education, social ethics, religious education, education for leisure and recreation, *et cetera*.

DIGEST OF GROUP FINDINGS

Group I—Childhood: (Mrs. Gruenberg, Chairman)

Education for marriage and for family life begins inevitably while the individual is still a child, living in a home. Fundamental attitudes are, and must continue to be, acquired by the child in his home, no matter how much the education of the home may be supplemented and elaborated by the school and other organized agencies. In childhood, even more than in adolescence and adult life, preparation for wholesome family relations comes mainly through living in an atmosphere of wholesome family life.

The education of children should normally be carried on in such a way as to include the assumption that every boy and every girl will normally become a husband or wife—that is, that marriage is the normal culmination of maturing into adulthood. This must be as much taken for granted as is the assumption of eventual participation in the civic and economic life of the community, notwithstanding the tolerant acceptance at the same time of numerous exceptions and deviations.

The education of children should include an acquaintance with sex, not merely in its biological or physiological phases, but in relation to the whole structure of social and economic life. We need no longer struggle to establish the doctrine of sex equality in a legal sense; we are ready therefore to accept sex differences as basic and significant and potentially constructive for the individual, for the family, and for the community.

From the very first the child should be led both to accept human beings as human beings, and to differentiate at significant points his attitudes toward those of the same sex and those of the opposite sex.

For the children, there should be as rapid an enlargement as we can manage of their educational experience to include an understanding and an appreciation of the home and of family life, of its requirements, of its possibilities for happiness and success, notwithstanding the blunders and floundering and heartbreak that occur all around.

There is a pressing need to rediscover the values of the less formal aspects of education which are not included in the school curriculum. The home in its very nature is better equipped to carry on its age-old "education" in these matters. Direct instruction should not be so heavily emphasized that we lose sight of the importance of the indirect and intangible, but no less important, education which the home inevitably provides.

In emphasizing the vital force of the indirect education of the home, we must not, however, lose sight of the importance of the direct education of the school. Teachers too should be given opportunity to participate more fully in home life so that they will know what a child is like twenty-four hours a day and not be at a loss in dealing with those phases of his development which cannot be encompassed in the textbook and classroom.

We must turn our education, which includes, of course, vastly more than school activities, in the direction of making it clear to all that the goal of all effort, the justification of all institutions, the responsibility of all leadership, is toward the home and the family, in the direction of making all values come to be measured in terms of the daily living of men, women and children as they normally belong together in homes.

Education for marriage and family living must include the education of parents and teachers as an integral part of any comprehensive educational program, and, more specifically, of any adult education program.

In general, all agencies that serve children and the home should be constantly orientated toward the family as a basic institution.

In the training of all technical and professional workers who have to do with children, there should be developed an attitude that directs service towards the welfare and growth of the home, with constant cooperation with the family, as distinguished from requiring proficiency in isolated special services.

In general, workers, agencies, and institutions, including schools, should come to be considered as accessories of the home in the promotion of child welfare, rather than as independent enterprises that make use of the home and of children for their separate purposes.

Group II—Youth: (Dr. Beatty, Chairman)

Since the majority of boys and girls will enter married life and will establish families of their own, and since many of the remainder will have close contacts with marriage and family life, it is important that every boy and girl be provided with formal education for marriage and family life.

In the field of sex, youth needs interpretations, inspirations, and guidance which help individuals meet sex situations wholesomely and constructively. The way in which these situations are met strongly influences marriage and family life. Therefore sex education should be part of education for marriage and family life.

Among the goals or objectives of education of youth for marriage and family social relations are the following: An appropriate and progressive understanding of the opposite sex and of the sex factor in human conduct. Satisfactory adjustments to life situations and to people, especially to the opposite sex, including respect for personality, ease and honesty in social relations. Wholesome and satisfying experiences with the opposite sex such as will set sound standards for sex conduct and married life. An appreciation of marriage at its best and the determination to achieve it.

A group of workers in home economics would state the objectives as follows: Interest in becoming an active participant in the work and play life of the family; in both planning and execution. Understanding some of the reasons for the individual differences in people which influence their behavior and an appreciation of how these individual qualities may contribute to group living. Ability to make emotional and social adjustments which are essential to establishing and maintaining satisfying relationships with one's own and the opposite sex. Understanding of certain fundamental factors which may influence family well-being such as health, religion, finances, aesthetic appreciation and material conditions. Ability to contribute to individual and family satisfaction and growth through an intelligent management of one's own personal life in relation to such things as health, finances, religion and aesthetic appreciation. Understanding of the interdependence between the individual and the group, the family and the community.

Because so many influences are interpreting marriage and family life adversely, it is important that the education of youth in this field be positive and constructive rather than negative, and that ethics and ideals be stressed. However, enough negative aspects should be included so that youth may not make mistakes through ignorance.

There is need for a general course dealing with marriage and family social relations, for both boys and girls, preferably in the 11th or 12th grade of the high school. Such a course would not exclude consideration of specific topics in other departments of the high school, for example, biological science, physiology and hygiene, health and physical education, social science, home economics, and literature.

The content of educating youth for marriage and family social relations should include appropriate aspects of—The development of a well-adjusted personality; physical structure, physiology, growth and health; family relationships and attitudes; home management in

family life; pre-marital life—emotional, social, standards for conduct, choice of a mate, love and its expression, engagement; marriage—significance, monogamy, adjustments, marital failures, marital successes; interrelation of family and community.

Successful parents will strive to make the home life so interesting that boys and girls will tend later to follow the example set up by their parents. Ideal family life is highly contagious.

So far as possible, the home should provide for its youth the following essentials of education for marriage and family social relations: Such informal instruction as can be handled effectively by the home; sympathetic guidance in meeting boy-girl conduct situations; appropriate reading materials; many and varied experiences of boys and girls together, both in the home and outside; cooperation with the school in meeting situations and problems.

Successful education of high school students for marriage and family life calls for sympathetic and intelligent cooperation between school and home. It is often necessary to break down long-standing emotional prejudices of parents before this cooperation can be secured. To this end the needs of youth in relation to marriage and family life may be presented to parents, along with the methods proposed by the school. Suggestions for parent procedures in the home, and suitable literature may be made available. Many parents feel their inability to meet youth situations and turn eagerly to the school for help. Parent-teacher associations can often facilitate cooperation between home and school.

Since many youth-serving agencies (churches, religious associations, scouting and similar groups, clubs, etc.) supplement the efforts of home and school and influence youth strongly, it is important that these agencies incorporate into their programs appropriate phases of education for marriage and family life.

Group IIIA—Young men and women in colleges: (Professor Groves, Chairman)

In the discussions concerning education of young people on the college level, this group had in mind students in the various types of colleges—men's, women's, co-educational, junior and non-professional graduate. In all these, the first aim of the instruction concerning family life should be preparation of the individual students for their own part in married life which for the great majority may be expected in due time. A second aim is preparation for helping others on a personal basis. A third aim is preparation for helping others by professional work—teaching, counseling, and social work. Obviously instruction and guidance planned to meet the first aim may be applied directly to the second and will be at least a foundation for the third.

There should be many experiments in the various types of college with short elementary or "orientation" courses or units of instruction on the freshman level in junior and regular colleges. It seems desirable that so far as possible family life should be involved in units of study in courses in health, social science, human relations, or

home economics. These are merely suggestions regarding desirable experimentation.

There is need of experimentation with courses for advanced students in colleges on the senior or graduate level. Such advanced instruction is easily integrated in a department of home economics, but for the many women who do not take home economics and for men, the outlines and departmental placement of such courses have not been worked out satisfactorily. The exploratory nature of education for family life in the college field is evident, and movements to standardize courses and curricula are certainly undesirable at this time.

The development of general or orientation courses which aim to interest all students in a given college should not interfere with experimental development of topics concerning family life which logically belong to the departments of biology, hygiene, sociology, anthropology, ethics, religion, and home economics.

Each college which is experimenting with education for family life should have a correlation committee representing all departments which are concerned.

In the present stage of development of family education on the college level, it is desirable that the college have on the open shelves a well-selected set of books on family life among which students may browse at their leisure. (A committee is at work on the selection of such books.) It is recommended that as far as possible students be guided, perhaps by the local correlation committee, in their reading of the books which are made available.

In many colleges, unofficial consultation services are developing. Much that is recommended under Group VI applies here.

Group IIIB—Young men and women not in colleges: (Dr. Parker, Chairman)

The judgment of many persons working with young men and women, particularly in industry and business, in racial groups, in recreation and in character-building activities, supports the view that the methods of approach and development of education for marriage and family social relations need to be specially adapted for these groups.

The importance of successfully reaching these groups and utilizing every channel for contacts and follow-up is clear when we consider that 75 per cent or more of our young people never go to college nor come under the direct influence of college instruction in any subjects bearing upon an understanding of marriage and family relations; and that as yet no adequate mechanics exist for integrating this knowledge in their instruction.

The content of family education for the non-college groups need not materially differ from that approved for college students; but the settings in which the instruction is given and the conditions governing it usually differ widely. Men and women ranging in age from eighteen to forty, married and unmarried, with a broad education and with most limited education, with every background of race, social contacts, religion, and environment, must be grouped together

and dealt with tactfully and under great limitations of time, absence of prerequisite training, and lack of follow-up work. Furthermore, any work in this field may, and usually does have to be adapted to the views of controlling officers in industries and business, or in the welfare and non-commercial enterprises in which the non-college groups are found. Also, the emergent personal problems of adjustment which the individuals are facing are generally more difficult and pressing and tend to throw the emphasis over to rehabilitative and case work, leading to stressing the negative rather than positive content of the instruction.

Under these conditions it is not practicable to attempt to outline any general procedure for dealing with non-college groups; but to emphasize elasticity and variety in ways and means of adapting the recognized content of education for marriage and parenthood.

In the matter of leadership for non-college instruction, we must stress the special significance of personality, sincerity, experience, and ability to judge each group quickly and adapt the program and content to all the circumstances in each case.

It is important to give encouragement to every competently planned effort to reach non-college groups. No hard and fast minimum of requirements for either leadership or educational content should be set.

Special efforts should be made to build up support for non-college group activities in this field; and to develop contacts leading to effective promotion of such work.

Counseling service supplementing the limited educational programs for non-college work is very important. The briefer and more limited the program, the more essential is counseling and follow-up work. In this connection, the group recognized the importance of meeting specific needs for advice and guidance in such matters; lack of opportunities for marriage or acquaintance leading to marriage; prolonged engagements and delayed marriage; adjustments to marriage and to family life; postponement of having children, and the spacing of children in families; inability to have children because of illness, and permanent sterility; serious maladjustments in marriage; divorce; failures of adaptation or adjustment of the unmarried which are satisfactory to the individuals and the community.

All such questions and related problems ordinarily require personal consultation with a competent, trained and sympathetic counselor, or at least guided discussion in small selected groups, followed by opportunity for personal consultation. In short, in dealing with young men and women of the non-college groups, there should be caution in presenting anything more than general information upon such subjects, leaving specific consideration, discussion and reading to be determined and guided by the leader in each case.

Group IV—Adult education: (Professor Bryson, Chairman)

The purpose of this group is to suggest to existing adult education agencies some goals and activities which appear to be desirable for the improvement of family life rather than to set up separate adult education agencies dealing with the family.

It is suggested that the adult education movement in dealing with family life take into account the fact that adults are emotional as well as intellectual in all phases of their lives. Not only do our drives come from our emotions but even our values come from emotions. (Reason, of course, also affects values.)

As adult education becomes a part of our public educational system, knowledge of and respect for the human body should be included where needed because the physical is a basis for emotional life. How can this knowledge be properly emotionalized, *i.e.*, how can respect be made to accompany knowledge? Subtle problems of sex and parenthood are difficult to attack naturally and with normal constructive emotions. There is danger of disaster in too detailed self-analysis.

It is recommended that the adult education movement attempt to make happiness in marriage respectable, *i.e.*, that it attempt to influence and develop the taste of the public for those things which are good and which do not suggest a cynical attitude toward marriage. Examples are: movies, comic strips, books, magazines, and jokes in the pool-room, hotel lobby, smoker, and around the bridge table which do not poke fun at marriage but which develop a constructive attitude toward it. Good love stories and poetry may be better means of developing a desirable emotional attitude toward marriage than many abstract books written on marriage.

It is recommended that adult education agencies which touch parent education attempt an approach to parents as complete human beings and not as specialized individuals. Parents are whole personalities, not simply parents.

Group V—Training leaders and teachers: (Professor Williams, Chairman)

Limited time made it impossible for this group to consider the complex professional training needed by leaders and teachers in the family field. The group, therefore, centered its discussion on the idea that workers in this field should have much more than the kind of professional and technical training which would pass in most of the academic subjects. It is evident that teachers and leaders concerned with family life should not only have command of a wide range of biological, psychological and sociological facts regarding family life, but they should also have culture, broad understanding of human nature, appreciation of the play instinct, wide human sympathies, ability to live and work and adjust with other personalities, high aesthetic development associated with controlled emotion, *et cetera*.

This group assumed that teachers and leaders by example and as counselors may contribute to better practices in marriage and family social relations. The training of leaders and teachers generally is too narrow, too specialized, and too academic. This condition is not to be corrected by offering more of the courses usually classed as culture, but by recognizing that breadth of view and wide sympathy may require other than traditional training to achieve this broader point of view.

The group report made the following recommendations with special

reference to all teachers or leaders who are in any way concerned with teaching young persons or influencing older ones with regard to family relations:

Develop and maintain the ability to play through acquiring an interest and developing a skill in play.

Acquire a knowledge of human growth and development with respect to the materials of human nature and the forces that play upon these human materials.

Develop the ability to associate with people outside this professional field. Especially develop ability to participate in community life, and to this end it is recommended that teachers live in the community in which they teach, that the community offer opportunity for all its members to live fully, that socially-minded personalities be selected in choosing teachers, and that attention be paid to the personality of those who plan to enter teacher-training institutions.

Acquire the ability to use the senses for satisfactions that enrich life and give meaning to experience. This recommendation argues for more attention to sensory educations in sound, color, form, and movement. It is believed that if educated, the sensory demand thus created may be disciplined by standards of good taste, enriching the lives of teachers and contributing to the service they render to society.

Group VI—Personal and family counseling: (Dr. Popenoe, Chairman)

Experience shows that the need of counseling on marriage and family problems is widespread and urgent. The number of marriages which could benefit by counseling must be put in the millions without counting the many unmarried persons who likewise need help in problems of heredity, sex, choice of mates, and other personal problems.

It follows that counseling must be done through many different channels by many different types of persons. The establishment of special counseling centers and even the training of professional counselors who do nothing else can meet only a small part of the need. Most of the counseling must perforce be done as a by-product or side-line by educators, deans, judges, social workers, clergymen and other religious workers, physicians, public health workers, and wise citizens who in many communities are recognized sources of good advice.

The personality of the counselor is certainly not less important than his special knowledge and training. There is need for counselors of both sexes. In general, experience of happy married life is a desirable qualification; but there are many excellent unmarried counselors, especially religious workers.

Counselors should be guided by requirements of social welfare, and not merely by the interest or desire of the individual who is counseled.

Until the needs are met in some other way, the establishment of special counseling bureaus, or institutes of family relations, in large centers of population is desirable, where adequate scientific and financial backing are available. Experience shows that these can be set up in a variety of ways, can be financed in a variety of ways, and can be backed successfully by groups of very different types, such as

educational institutions, churches, domestic relations courts, organizations working with young people, as well as groups specially formed for this purpose.

Experience shows that it is almost impossible to confine a counseling center to any narrowly limited type of problem. It must expect to accept every type of problem that is presented and to act as a clearing house in referring as many as possible to other existing and appropriate agencies.

It is desirable to establish the principle that the person who is counseled should pay a reasonable fee for this service whenever able to do so, rather than setting up counsel as a service to be furnished as a charity at the expense of taxpayers or others.

For the present, the greatest value of counseling bureaus and institutes of family relations will be in serving as centers for the working out of techniques, the establishment of standards, the training of counselors, and the publication of research that is particularly needed.

Experience everywhere shows that the problems brought to counselors in the field of marriage and family social relations are nearly all results of previous inadequate education for marriage and parenthood. The number of individuals needing counseling should be reduced rapidly as the schools, churches, and other agencies of public education give more attention to this subject, as correction of remediable health defects increases, as the social life of adolescents is better organized, and as society makes it possible for young people generally to marry in their early twenties.

“To make Homes—that is what we are here for. For the Home is strategic, it makes the town—the town makes the city—the cities make the country. He who makes the Home makes the world.

After all, though men and women make Homes, it is Homes which make men and women. Whether our national life is great or mean, whether our social virtues are mature or stunted, whether our sons and daughters are moral or vicious, whether religion is possible or impossible, depends upon the Home.”

HENRY DRUMMOND.

THE SEXUAL PROBLEMS OF ADOLESCENTS *

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Without sex there would be few problems in life. In fact, there would be no life, because sex itself is the basis of the relations between two divisions of animals distinguished as male and female respectively. After life itself, sex is the most universal characteristic of the animal kingdom. It is at once a biologic and social phenomenon determining much in the course of human life and in turn being subject to various pressures and controls on the basis of group opinion and sentiment. Related to creation in its various aspects, physical and psychical, it is but natural that sex should play such a part in the re-creation of lives as actually occurs during the period known as adolescence. In whatever form it appears in the affairs of man, from biology to religion, it occupies a dominant position. Man has not learned fully of its nature, its value, its forms of expression nor has he faced definitely the dominating part it plays in human affairs, because he has surrounded the subject with numerous taboos which make him even unwilling to examine it carefully and honestly.

Adolescence is the process of becoming adult, or a period of transition from immaturity in sexual function to maturity with the capacity for propagation. It represents an age of psychic "oxidation" by what Sterne has called "an all-consuming fire." It is not a period in which only physical transformation occurs, but one in which the mutual attractions of the sexes in their physical and psychic influences profoundly affect all personal and social life. It is a period, therefore, during which the individual is organized in terms of his biologic-social potentials, which, after all, refers to the imposing influences of a profound inner drive originating in biology, but subject to social regulation.

* Read before the International & Spanish Speaking Association of Physicians, Dentists, Pharmacists and their Ladies Auxiliary, March 16, 1934.

Adolescence is a thoroughly normal period of physical growth. It has ever been a matter of social concern, as evidenced in almost universal puberty rites and ceremonies that have taken cognizance of the transformation of the ineffective boy into the potentially powerful and socially acceptable member of the tribe or clan. During the history of man adolescence has been a constant phenomenon but there are many whose attitudes towards this state of development would indicate that they believe it to be a new and somewhat modern development in the history of the race. Giggly, shy, self-conscious adolescents, and bold self-assertive, amorous adolescents probably have abounded from the Paleolithic period. Down the years since that distant age, the adolescent has been not only a matter of concern to society, but he has been concerned with himself. The youth has always had difficulties incidental to his own development and to his variation from the principles and practices of the community into which he was born. Plutarch referred to gluttony, gambling, drinking bouts, "deflowering of maidens and seducing of married women" as characteristic of the young people of his period. Perhaps the only change that has arisen during the past generation has been a greater frankness in approaching the problems of adolescence. One would like to believe with Beard that: "Under the influence of science, sanity and candor, the problem of the relationship of the sexes is being met with less prudishness and more intelligence than twenty years ago."

I have implied that sex problems constitute one phase of the general problem of adolescence. Whatever character or peculiarity the problems of sex life may offer, they are factually caught up in the developmental phases of adolescence. In a sense, there are certain groups of problems which are specific and inherent in development itself. Maturation is physiological but the social phases of maturation may constitute difficulties to the maturing individual unaware of the manner of his own maturation. The primary sexual problem of an adolescent, therefore, is an outgrowth of his lack of understanding of the inherent forces and drives which are forced upon his attention incidental to general integrative

activity and specific gonadal influences. The emergent evolution of masculinity and femininity from boyishness and girlishness, on the basis of being a male or a female, is a matter of concern to the individual. There are social norms for what constitutes masculine and feminine behavior. These social norms are matters of training and of observation and involve experiences which have definite psychological influences.

The psychic expansion of the adolescent sex factors leads to personality reorganization and readjustment. The growth and development of secondary sex characteristics is more than a matter of change of voice, the production of new curves, the development of pubescence and the growth of external genitalia. These are but localized expressions of a profound remobilization of the material which is to be transformed into a being who is no longer childish in characteristics. This mobilization of the growing resources in terms of structure and function elicits natural curiosity that demands self-investigation and normal inquiry into the nature and meaning of the phenomena observed.

Here then we have a very definite basis for what might be called the natural sex problems of adolescence. These present themselves variously in terms of the primary personality organization and likewise in terms of the modification of the personality in the light of the relationship of localized growths in terms of total growth. No part of the individual body is without psychic meaning, but all parts of the body are not of equal meaning. Certainly the beauty of a hand is far more consequential to a personality than that of the foot and the state of the skin of the face has far more psychic import than the condition of the epidermis of the buttocks.

The two main corporeal factors entering into the problems of adolescence are related to the face and the genitalia. The first adjustment of sexual problems of adolescence are outgrowths of acceptance or non-acceptance of self-development in terms of normality. Whenever an adolescent becomes not so much self-conscious or sex-conscious as a conscious of self-deviation or conscious of sexual deviation, his sexual problems have begun. The difficulties of adjustment in personal re-

lationships—because sexual factors enter into loyalties and friendships, as well as courtship and marriage—arise promptly when the individual adolescent regards himself as a definite deviate from the assumed norm of masculinity or femininity, whether in terms of anatomic or functional variation. It is obvious that lack of personal body attractiveness, in body shape, size, and harmony, affords numerous occasions for emotional distress. To want to love and to be loved is natural. The sense of security in one's own capacity of attractiveness bolsters the ego and strengthens the personality. Sexual problems which are bound up in a sense of unattractiveness are profound, and frequently lead to shyness, timidity, withdrawal from group activities, or indeed, they may lead to over-compensatory behaviors of an undesirable type, but designed nonetheless to attract a larger measure of attention. Such problems are not primarily recognized as sexual, but they are definitely related to the growing sexual urge and desire, upon a normal plane. It must be recognized that in our society we have biologic distortions as our social regulation is opposed to the gratification of the sexual impulse at the time that biology has made provision for such functioning. Adolescence, therefore, involves a long period of adjustment to conscious and unconscious physical demands and needs, as well as psychical desires, because of the efforts of society to regulate the expression of the sexual impulse.

Society is as demanding and as imperious in some civilizations as is the sexual urge. In other societies there are recognized and tacit acceptances of the sexual need, with, however, definite social rejections of sexual expression accompanied by dysgenic values to society, as, for example, the bearing of children out of wedlock. Among other groups there is a freer expression of adolescent sexuality, with social recognition of the validity of the biologic drive and an acceptance of the principle of early marriage in the event of issue. The disparity between the communal traditions, taboos, mores and the individual's inner drives, desires and temptations, with rigid penalties for non-conformity, constitutes the basis of ethical conflicts and concomitant distresses.

More significant perhaps as the basis of problems than the external esthetics of voice and body is the question of the size and form of external reproductive-nutritional organs. I have seen, for example, some very pronounced sexual problems arising from such factors as micro-penis, cryptorchidism, hypospadias and epispadias, pendulous and absent mammae and enlarged clitoris. In all of these instances the sexual problem was directly transmuted into personality difficulty, a sense of shame, feelings of inferiority and inadequacy, a sense of avirility, a fear of the opposite sex, a sense of personal ugliness, with consequent feeling that others are equally rejective of self. In some instances these have been accompanied by a marked degree of self-rejection, misery, discomfort, fear of meeting people and in other instances, the development of profound neurotic behaviors without any struggle against moral laws, ethical or religious concepts. In connection with the sexual urge there has been a combination of fear and hate, with ideas of envy, jealousy, and in some instances, a desire for complete isolation for monastic satisfaction as punishment for one's own sexual incompleteness.

Thus far I have referred to sexual problems growing mainly out of anatomy. On the functional side there are definite problems such as those due to menstruation. These involve disgust, fear, self-consciousness, self-rejection, fear of conspicuousness. At times there are consequent depressions which bring about limitation of energy, decreased social expression, antipathy to the opposite sex and often toward the entire race. Occasionally there are difficulties arising from exaltations and even hypomanic sexual activities. Incidentally a mixture of problems arises among the group who, consistently on the outlook for menstruation as the confirming mark of femininity, find themselves without its development. Needless to say all dysmenorrheas offer different problems in terms of total personalities.

Similarly the development of nocturnal emissions occasionally causes profound consternation, amounting at times almost to terror, feelings of weakness, or, in the terms of the early advertisements, "loss of manhood," with secondary fears. These psychic influences often lessen personal

aggressiveness, cause retreat from heterosexual contacts or accelerate coitus as a course of behavior preferable to the non-directed seminal escape. In this sense the physiological process serves as a stimulus to the proof of virility.

Probably of greater consideration than the mere anatomic or functional processes are those behaviors which are the out-growths of ideation. Regardless of physical status there are what might be called psychic "hormones" which represent ideational activity in sexual terms. These result in personality trends which vary from being boy-shy or boy-crazy or from girl-shy to girl-crazy. The tremendous factors of attraction or repulsion lead to the growth of homosexual or heterosexual trends. The uncertainty concerning one's own sexual status leads to doubts and uncertainty and produces forms of difficulty, varying from transvestitism to complete homosexual activity on the one hand or to assertive sexual activity to demonstrate beyond cavil the potentials of heterosexual interest.

The infant called by Freud "polymorphous perverse" finds an expansion of his early tendencies and in adolescence many ideas bound up with so-called perverse behavior may come into being. Now develop a variety of challenges in human relationships which carry threats to adequate personal growth. Social condemnation of perverse behaviors makes them definitely social abnormalities. In a sense, innate tendencies are normal to their possessors, although the social demand for the regulation of non-accepted patterns elicits a feeling of wrong doing or guilt in terms of social living. A sexual trend *per se* is not abnormal; society establishes the norm of sex behavior, deviation from which is abnormality. Hence the ideational problems call for readjustments of a profound character. Many adolescents find a solution for their problems of perversity by contacts with groups similarly interested. They establish self-respect and self-confidence upon their limited social acceptance regardless of general disapproval. Out of such forms of sexual need or practices various homosexual organizations flourish together with other groups indulging in paedophilic practices. While society takes cognizance of these groups in terms of contempt

and disapprobation, it does not subject them to active public regulations save insofar as their procedures involve debauchery of youth. The degree to which sexual problems become acute depends mainly upon public attitudes towards them; hence there are greater hazards for exhibitionists than homosexualists but less than for rapists.

It is obvious that whenever there is social rejection of personality trends, the individual is thrown back upon his own resources. He may become less heterosexual, or sadistic drives may lead to violent sexual procedures such as flagellation, brutal assault or cruel murder. The ordinary advance of sexual growth from auto-eroticism through narcissism to homosexuality and then to heterosexuality may be checked at any stage. There may be regression from one state to a lower one, as reaction against physical impotency, ethical conflict or social restraint.

The normal impulse of curiosity, a desire to relieve tension or to satisfy what appears to be an imperative need gives rise to masturbatory practices of varying frequency. The prevalence of such practice, as reported by Davis, Hamilton and Dickinson, leads one to believe that it should not be placed in the category of dangerous abnormality as anciently labeled by Tissot and Bekker. Obviously the failure to develop beyond the level of auto-erotic practice has its effects in terms of the total intelligence, training and ideals. Ethical distresses and conflicts develop ideas of sinfulness in the face of deep religious feeling. A self-condemnatory sense of inadequacy, because of difficulty in controlling the habit, and the hesitant continuity of this performance, because of a deep fear of any other sexual experience, lead to psychic unrest and personality strain. Not infrequently the masturbation leads to day dreaming, as a release from the harsh realities of life, and in the presence of emotional instability it may contribute to the precipitation of definite neuroses. It must be borne in mind, therefore, that the mere statement that masturbatory behaviors are reasonably natural, with only limited physical harm, is insufficient. They do possess potentials which, while giving release to sexual energy and diminishing emotional tensions, may upset personality

stability and, because of ego-threatening ideation, induce a major problem in the adjustment of youth.

Many of these sexual activities to which I have referred are common to all groups of young people. Their reactions, however, are personal and individual, and are derived from their total personality organization. The intensity of the sex impulse varies among individuals. The youth's training in terms of ideals of action, his experiences with familial and social pressures, his opportunities for social experimentation, and his total habit reactions to sexual maturation determine the extent to which he recognizes and responds to his own sexual problems. These are outgrowths of the personal structuralization of physical factors, intellectual powers and emotional mechanisms working toward inhibition in response to social demands and controls.

Another phase of adolescent difficulties arises from the changing state of the present adolescent generation. What is said about this generation of youth holds true for all new generations. No one can question that the higher education of youth in this country, the increasing time for leisure, the rapid popularization of various psychologic theories in which sexual urge and function are strongly emphasized, the wider distribution of knowledge concerning sex anatomy and physiology, and the shift in group standards concerning sexual taboos have conditioned a special sex atmosphere which is breathed by the young.

Secondly, a generation has grown up by whom the use of alcohol was primarily enjoyed in connection with a violation of law. Strong liquor, to which they were unaccustomed, challenged their reserve. The somewhat purposeful abuse of alcohol sharply diminished their inhibitions as related to all their activities, and afforded new opportunities to revert to primitive levels of sex behavior.

A third factor has been the increased freedom of girls. They have responded to their release from restraints by a transitional enthusiasm that magnifies their right to freedom from restrictive clothing, dominating parents and oppressive social regulation.

These three items have completely altered modern attitudes

toward sex. They enter into a changing morality which is founded upon a more frank and outspoken attitude toward sex. The emotional nature of adolescents has not altered, even though their sexual activities have expanded. They no longer accept the old taboos; false modesty has declined; prudery is resented; a new freedom of thought, judgment and activity has developed. Ideas of individualism and personal liberty have stirred the sexes to the overt expression of what earlier was hidden or exhibited only clandestinely in order to circumvent social disapproval.

Sexual problems today are altered because sexual aggression is no longer an entirely masculine function. Sex standards have shifted so markedly that what was once a double standard for males and females has tended to fuse in terms of what was at one time the masculine standard. If sexual freedom was once the right of the male it has almost become equally the right of the female despite social resistance.

Adolescents possess more knowledge concerning sexual organization and function than did their parents at marriage, together with a greater appreciation of the emotional and social factors involved in sexual relationships. They are interested in and many desire a generic experimentation and specific trial in order to ascertain their own sexual adaptability prior to matrimony. Having heard much of marriage wrecked by sexual incompatibility they seek to escape that. Scientific developments have diminished the fear of disease and they have lessened the hazard of pregnancy. Also premarital sexual activity no longer is bound up with the idea of social ostracism in all groups. The maturing group accepts the concept of naturalism in behavior. An earlier generation might have regarded a wealthy rake as "a good catch" for marriage, but today the new generation is not interested in him. As is most natural, when there is a sudden release from inhibiting taboos and social restraints, there is over-compensatory activity. We are witnessing such a transitional over-compensation in feminine sexual reactions. In due time, these will reach a normal stabilization without need for prolonged public concern and fear for distressing demoralization. The

adolescent group are as moral in their way as were their progenitors, but they are far more honest about their sexual needs, wants and practices.

Some sexual problems result from the ideational expansion of this growing generation, and the application of their still uncertain theories of life leads to a greater emphasis on the pleasures of sexual relationships. Ethical conflicts may inhibit actual coitus despite the stimulating fore-pleasures. Hence there is more petting, with a larger amount of release from sexual tensions and a freer sex interplay. Psychosexual and sexual-social desire are challenging external regulations. The absolute Puritanic type of morality has diminished. Relativity in morality lessens its power to control.

The dynamic aspects of the sexual impulse, as propounded by Freud, have been interpreted as demanding sexual liberation and expression. Unrepressed sexual function has been over-accentuated as compared with the significance of the sublimation of sexual activity into more creative utilities. This alteration in moral values, however, is not greater among the young than among the middle aged. The most important factor in sexual problems that are outgrowths of this changing generation inheres in their frank belief in the importance of life freed from the emotional strains of sexual origin. They wish to banish all restraints that they believe will cramp personality, and they reject hypocritical denial of their premise.

What I have said thus far holds true for every form of sexual activity, whether auto-erotic, homosexual or heterosexual. There continues, however, to be a very real differentiation of sexual power in favor of heterosexuality as the most normal behavior. The younger generation, like certain of their elders, indulge freely in smutty stories and picturesque obscenity, revealing a frank appreciation of all double entendre references. This merely indicates that they recognize pleasure values in verbalized or vicarious sex expression. They admit their sex interest; but is it not possible that sex education awakened it? There are no adequate data to indicate that the sexual problems of today are more dysgenic

than those of a generation ago; nor can one prove that the proportion of masturbation and pre-marital sex experience among young men and young women is actually much higher than in an earlier generation. May not the general impression of the looseness of this age be the result of a larger degree of knowledge concerning the more overt behaviors of a more honest and a freer, more liberal group of adolescents?

The question just raised involves an appreciation of some of the sexual problems of youth which primarily originated in the general social change. Thus economic ideas regarding support in matrimony have led to more early marriages; the increasing marriage rate among the young is an evidence of stability. A higher divorce rate records the increasing belief that sexual incompatibilities should not be allowed to ruin lives for the sake of preserving a false shell about vitiated human relationships. Divorces occur among those who have been married for many years as frequently as among those who have recently undertaken marriage. Discussions concerning the companionate marriage, common-law marriage, trial marriage and the like, demonstrate the changing attitudes of society toward sexual relationships in terms of honest living and deeper emotional life. The compulsory submission of the woman to the man in marriage has lost favor save in certain ecclesiastical circles. Modern marriage trends are based upon currents of thinking which have permeated the world in which adolescents are acquiring their training, their attitudes, their principles and their ideals. Happiness in marriage has become a goal rather than the marriage itself.

There is a vigorous demand for a cessation of family fixations; psychologic weaning is regarded as essential to make the adolescent free. His liberties, his freedoms, his opportunities for getting away from home, his diminishing acceptance of parental authority, all these have altered everything that pertains to personality growth from sexual stimuli. Think of his world of electric lights, lurid movies, automobiles, speed, jazz and night clubs, literature tinged with pornography, and the theatre presenting problems of perversion, the many cheap magazines with fabricated tales of true love, the growing cults of nudism and open confessions,

the prevalence of economic uncertainty. The middle aged group have lost many of their old anchorages of morals, ethics and religion and cannot understand themselves, much less counsel the young to follow precepts, regulations, codes and laws which both ignore.

The wider dissemination of knowledge of contraception and contraceptives, and open discussion of venereal diseases and their prevention; the apparent decline of legalized prostitution, the more open acknowledgment of mistresses, the more direct discussion in pulpit, press and theatre of everything pertaining to sex, sexuality, a triangular love life, and the doubtful relations of the sexes, have created new problems. Society in search of a scapegoat has segregated youth into a flaming category, thus creating tumultuous waves of heat through which youth itself has been burned. Listening to some pessimists, one would think that all adolescent life is tinged with unresisted sexuality. This is no more true today than during other ages. The adolescent has a weak pattern in the middleaged and the aged. This is not a decade dominated by the young; it is rather an era of the middle-aged. Our older groups are stimulating youth; they seek to retain the vigorous individualism that is ever characteristic of youth; they strive to give the impression of youthful behavior with all the instabilities of emotional attitudes and experiences, while asserting that youth is responsible for a decline in morality. Society hypocritically disapproves the sexual debauchery which it has fostered and enjoys. The dictum of Havelock Ellis that the sex life of an individual is his own personal concern as long as there be no issue is accepted by many without remonstrance, while, with troubled conscience, society continues its barriers and repressive walls to which to shackle youth with its old rigid concepts of sexual growth and expression.

Home standards have shifted; parental authority has diminished. The old concept of monogamy based upon feminine chastity finds lessened support; the tremendous power of the Ten Commandments no longer functions adequately to bolster up standards of personal behavior. An age of science, materialism and prosperity has shifted the directive force of conscience. Ideas of sin and guilt are less

abundant in the new generation, despite a growing sense of appreciation of their relations to their universe in terms of a dynamic society with all its compulsions and controls. The doctrine of independence is merging into that of interdependence; inhibition is questioned merely in terms of life values. The fear of sumptuary law has been lessened by man's own disrespect for it; and youth has profited by accepting the right to violate such laws as it chooses, whether upon the statute books or inherent in sexual traditions.

Society is in a state of heated flux; profound changes are occurring everywhere with the resultant development of new concepts in law, politics, religion and morals. All the bases of monogamy are being reexamined. The concept of chastity as a social advantage is being reviewed. Life is more exciting and inciting to action. The diminishing birth rate, the purposeful control of propagation, and a wider knowledge concerning the facts and theories of sexual activities are leading to the interjection of more intelligence into our sexual problems. The new generation is not hypersexed, nor is sexual enthusiasm more pronounced among adolescents today than during earlier years. There is more release as a reaction against the earlier restriction of sexual expression. Adolescents have begun to lift the barriers and are in the race at their own stride.

The sex problems of youth are the problems that youth has ever had to meet. They are not primarily in the realm of sexual abnormality. They are actual problems in the realm of growth and adjustment to changing forces, in terms of a more honest effort to live in harmony with the realities of life. Youth is acting and not dreaming; it is experiencing and not wishing. It is normal, not abnormal. It has sexual problems only because sex constitutes a basic urge of mankind.

BETROTHAL

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Betrothal is a purely human institution. It is not found among other mammals, where mating follows immediately after courtship. Indeed, it does not even exist, except in rudimentary form, among many peoples of low culture.

The engagement, or betrothal, period is an intermediate stage following the successful termination of courtship, when mating has been agreed upon but is to be consummated at some time in the future; and it is a marked feature of every high type of civilization.

While there are social, economic, educational, and other factors that play an important part in the maintenance of a definite period of betrothal, I shall here discuss only the biological functions, of which there are three that particularly deserve consideration.

1. The betrothal period makes possible a better sexual selection. A choice has been made, but it is more or less provisional. If, on closer acquaintance, the betrothed find that they have made a mistake, it can still be rectified before any permanent commitments have been entered into.

From this point of view, the social attitude toward betrothal should not be too rigid. Where betrothal is regarded as equally sacred and binding with marriage, this function is largely lost. Equal loss results from taking the betrothal too lightly—where it is merely regarded as a convenient cover for intimacies that would not otherwise be approved socially.

That the betrothal period does function effectively in permitting a change of mind, and therefore better sexual selection, is amply evidenced by the figures from license bureaus in those states which require advance notice before a marriage license is issued. In Los Angeles County, for instance, where three days' advance notice must be given (really five days, since the day of application and the day of calling for the license are not counted), this probationary period is responsible for the abandonment of many projected unions. In

1931, when about 20,000 couples appeared at the license bureau in person, and made application for marriage licenses, 1,200 of these couples failed to come back later and take up the license. This represents a change of mind on the part of 6% of the entire number. Examination of the unclaimed licenses showed that in about one-third of the cases, there was a marked disparity of age, which probably was felt on further consideration, and in the light of comments of friends and acquaintances, to be undesirable. Others represented potential freak marriages, fraudulent marriages, drunken marriages, runaway marriages, and others in which the sexual selection was undoubtedly unfavorable.

In 1932, the County introduced an innovation by requiring payment in advance for the marriage license. Under these conditions, the number of abandoned romances was cut in half, only 600 couples failing to call for licenses for which they had already paid. Apparently, the requirement of a \$2.50 fee was sufficient to make the difference between intending to marry and carrying out such an intention, in the case of some hundreds of persons.

Intelligent education, particularly in the high schools, will make this function of betrothal more effective, and will still further safeguard marriage.

2. The betrothal period is also an apprenticeship in mutual accommodation, so that the adjustment of two hearts to beat as one, even when they started with different rates of pulsation, does not have to be entirely carried out after marriage. At that time there are plenty of other adjustments to be made, and it is of great advantage to have as much as possible of this process of mutual accommodation spread out over a period of some months or sometimes several years.

This process is hindered by the emotional tension which is the cause of the lovers' quarrels celebrated in song and story. Nevertheless, it does continue more or less steadily, depending on opportunities. Urban conditions are particularly unfavorable from this point of view, because of the lack of privacy, the fewer opportunities for young people to be together, and the fewer opportunities for them to take part in common activities, thus building up common interests and learning each other's attitudes and ideals.

A young man is asked, "I suppose you are pretty well acquainted with this young woman whom you are proposing to marry?" He replies, "Yes, indeed. We have been going together steadily for three years, and have been engaged for eight months." Yet, during all this time, neither one of them may have seen the other in any normal social setting, doing the things that other people of their kind do. He may know nothing about her home and family, which is

perhaps a thousand miles away, and her chances of learning about his are even smaller. He has not even seen her among other girls. They have always gone out alone together, under conditions in which each was putting the best foot forward and endeavoring to make a definite impression. Later on, when he sees his bride as a "social animal" among other people, he is astonished to find traits and characteristics which were, of course, there all the time, but of whose existence he did not dream because he never saw her in an environment that would call them out.

Thus, if the function of the betrothal period in promoting a gradual accommodation of attitudes and habits is to operate effectively, it must be given an opportunity to do so. Lovers should plan with this in view, while parents and friends should make a special effort to see that young people do have an opportunity to observe each other under all sorts of conditions. Needless to say, this is of equal importance before betrothal.

3. The betrothal period is a stimulus to biological and psychological maturation. During this period, the taboos, restrictions, and inhibitions which are maintained in ordinary social life begin to be broken down, so that the transition from mere acquaintance to complete intimacy does not have to be made so rapidly after the wedding.

This is particularly necessary, since so many young people are brought up nowadays in cities, where they have no adult patterns of behavior. They do not have a chance to learn what the opposite sex is really like. Even if they have gone for years to co-educational schools, the student body is so badly socialized that many persons never get acquainted with human nature during this period. Moreover, many young people, especially under the conditions of modern life in large cities, grow up to adult life in a stage of arrested emotional development, and it is a tremendous handicap to success in marriage to have one or both of the partners fixated at an adolescent, not to say an infantile, level of behavior.

Among some primitive peoples, particularly where the fertility of women was of great importance to prevent the group from declining in numbers, the betrothal period, or what corresponds to that in modern life, was essentially a period of trial marriage. If the woman became pregnant, it was equivalent to marriage, which was thereupon solemnized. If she did not become pregnant within a reasonable time, she was discarded as an undesirable, because probably barren, wife, and the man chose some other partner. A similar custom has prevailed in some peasant populations of Europe up to the present time. During earlier centuries, shortage of housing, restrictions on marriage of apprentices, and other economic features produced similar results.

A somewhat modified form of this custom has been brought into existence in Europe in recent years by a variety of social welfare enactments which benefit an unmarried woman, but do not apply to a married woman. This condition leads a man and woman sometimes to live together without any ceremony as man and wife, while the woman holds her job and retains the benefits of her unmarried status in social insurance and the like. A pregnancy usually, though not always, leads to formal marriage. It is conceivable that the clamor in the United States during the past few years against allowing married women to hold jobs might occasionally produce a similar result.

Apart from this, it has been claimed that recent decades have witnessed an increase in sexual experience on the part of betrothed couples in the United States. Obviously, statistical proof of such a statement is impossible to obtain. Most of the testimony comes from physicians or others who are perhaps consulted for contraceptive information, and who would therefore see mainly the couples who were carrying on sexual relations during the engagement period. It seems unlikely that intercourse during the betrothal period is as prevalent now in the United States as it was in Puritan New England, two or three hundred years ago.

Nevertheless, it is certain that many couples who, for economic, educational, or other reasons, think it necessary to postpone marriage, are asking whether they may not, as advised by radical reformers, profitably enter into a sort of unannounced trial marriage on this basis. An answer to the question can only be given after a study of results.

There is sufficient evidence, I think, in the testimony of those who are counseling on personal problems, to form a basis for an answer. On this basis, such intimacy appears to be dangerous to future success in marriage. Some may, indeed, avoid difficulties, but this is not a justification for encouraging others in the same course, since instance after instance can be cited in which such pre-marital experience has either been a handicap to subsequent success in marriage, or has prevented marriage altogether.

An all-too-frequent result is unexpected pregnancy, which may bring about either a sudden and untimely marriage, with embarrassment and disruption of the couple's plans, or resort to an abortionist, with the serious physical and psychical dangers which that entails. But apart from pregnancy, the psychological results are found to be unsatisfactory in a variety of ways.

In surprisingly many cases, the husband later makes the fact of pre-marital sexual relations a basis for recrimination against his wife. When a quarrel subsequently occurs, as it does occasionally in any

marriage, the husband has a ready weapon in declaring to his wife, "I knew I was making a mistake to marry you, but we had gone so far that I did not have the courage to turn back." How far this represents his actual opinion, and how far it represents merely a chivalrous masculine method of conducting an altercation is uncertain, but it is a poor basis for marital harmony and conjugal felicity. The situation is even worse when pregnancy has led to a forced marriage. None of the existing contraceptives is foolproof, particularly in the hands of young and inexperienced people. One of the frequently recurring and quite unnecessary tragedies of modern life is the unexpected pregnancy, resulting from the fatuous acceptance by young people of the news that "science has now made it possible for woman to control her own destiny." Education in biology is one of the conspicuous deficiencies of almost every radical reformer.

Such unexpected pregnancy, of course, also destroys any utility that the betrothal might have had as a probationary period to ensure good sexual selection.

In other instances, one of the partners, particularly the wife, carries on into marriage a feeling of guilt, shame, and insecurity, which handicaps her indefinitely. This feeling may not be conscious to her, and may be brought to light only after some analysis. Sometimes it is manifested in the form of anger against the husband for his presumed unworthy treatment of her before marriage, and this may result in frigidity, as in several patients with whom we have dealt; or, in one instance, as a neurotic illness. In order to revenge herself on her husband, the wife simply became an invalid. In any event, it is clear that successful marriage is not promoted by this experience.

Again, the husband may later turn against his wife and distrust her, alleging that, if she was willing to give herself to him when not married, she might be quite capable of giving herself to other men afterward. This theme has been developed in a popular drama during the past season.

Another common result of pre-marital sexual experience is disillusionment with marriage on the part of one or both of the partners. This was seen interestingly in a client who came to us not long ago,—a romantic young woman who had successful sexual relations with her fiancé during a period of two years before her marriage. Her feeling was, "If I enjoy this, think how much better actual marriage will be!" When she found after marriage that she had taken the edge off of that relationship, and that it was a complete disappointment to her romantic ideas, the feeling of resentment was so great that she became frigid, and had she not had help in the form of re-

education, the marriage would certainly have been disrupted before the end of the first year.

The supposition that pre-marital experiment is desirable to show whether the couple are sexually mated and well adapted to marriage with each other, is particularly a source of disaster for such reasons as the following:

During this period sexual relations are usually carried on under unsatisfactory conditions, in an unesthetic setting, with fear of discovery and need for haste. In these circumstances a relation that might otherwise be perfect is often found to be disappointing and leads the couple, wrongly, to the conclusion that they are "not meant for each other."

In the circumstances, one or the other of the partners is likely to be held by fears and tabus which prevent a successful adjustment. I have counseled several couples of this sort in which the man was impotent or the woman unable to give herself up to her lover because of vaginismus, in each instance due merely to unconscious fears and resistances. In these cases an immense amount of unhappiness was caused, and a permanent psychological tragedy narrowly averted. Of course, frigidity of the woman is an even more common experience. In all of these cases the relationship would probably not have encountered these difficulties, but would have proceeded smoothly and normally, if the couple had been married.

People who attempt to demonstrate their sexual adaptability by pre-marital experiments have usually been reading some of the modern textbooks on the technique of coitus and from this and from their incandescent imaginations have acquired a standard of perfection which many married people do not reach, or need to reach, even after a decade of sharing of experience. When the young people find that they do not from the outset attain the impossible ideal which they have imagined to represent the facts, they think they could not succeed in marriage and hence give up the project, with resulting disillusionment and feelings of inadequacy. Certainly a perfect sexual adjustment is the exception, rather than the rule, at the commencement of any marriage. If attained at all, it represents a normal growth and development of two personalities sharing the same experience.

An argument now often heard insists that there is danger to subsequent sexual adjustment, in long and complete repression, and that gradually increased intimacy during betrothal is necessary, ending in complete sexual experience in order to avoid the evil effects of repression. Analysis is scarcely needed to reveal this argument as a peculiarly absurd rationalization. It is merely a case of shifting the critical point. If a long engagement with severe repression is

harmful, then young people should not have such long engagements, but should marry and make their adjustments with the security, dignity, and self-respect that only marriage, under American social conditions, provides.

That some couples begin their sexual experience during betrothal, without any subsequent damage, is no argument. The frequency of serious complications resulting from intercourse during betrothal is so great that no one should be encouraged to experiment in this way. After all, what is the gain? What legitimate advantage is secured, to offset the many and grave risks that are run?

In the light of actual experience (and the 15,000 clients of the Institute of Family Relations, during the last five years, offer a good many pertinent illustrations), it appears that the betrothal period may be regarded as important eugenically and psychologically, along the lines laid down at the beginning of this paper. Attempts to turn it into a trial marriage are often not in good faith; but even when they are on the highest level, they do not provide satisfactory results and any supposed necessity can be avoided in most instances by earlier marriage, even under economic conditions that are not ideal.

Intercourse during betrothal presents serious physical risks, especially to the woman. It puts the mating on the defensive, as a furtive and often unesthetic experience, when it should have all the dignity, permanence, and security that public acknowledgment in marriage gives.

With these obvious disadvantages, what motives really lead young people to prejudice their marriages by intercourse during betrothal? I believe in many cases it will be found that the only strong motive is irresponsibility. Each one, and particularly the man, thinks that all the advantages of marriage can be had without paying the price in acceptance of responsibility.

If this true, it is no argument in favor of turning the betrothal period into a common-law marriage. Civilization is suffering enough already from lack of any feeling of responsibility on the part of its members.

Betrothal has a real value. This value should not be lost by confused thinking, by ignorance, and a desire to get something for nothing.

EDITORIALS

TWELFTH MONTH

This is the season of year when, like a thrifty housewife reckoning the cost of winter fuel and flannels, Christmas shopping and cod liver oil, the Association's Finance Committee does some careful figuring in order to avoid an overdraft on the budget. Like the housewife's family, too, which sometimes finds itself subsisting on cod-fish balls and johnny-cake during such periods, projects cherished by the staff often have to be put on reduced financial rations, or even a starvation diet, in order to "come out even."

For all the anxious moments regarding the state of the exchequer—common to all voluntary agencies in these times—there is an inspiration and a challenge in this last month of the year which cannot be dimmed or denied. The sense of winding up a cycle, of making a new start with another year, quickens the mind, exalts the spirit, and makes for good work. The holiday season warms the heart, touches the emotions, and leads us for a little while to forget the every-day job, which, too, makes for good work.

The calendar is valuable for many other purposes than its primary function of dividing time, and the month of December is a fine institution. Merry Christmas!

1935 IS A LEGISLATIVE YEAR

For 44 states, the year 1935 is "legislative year." This means that many state and local welfare and health agencies are already studying community needs with a view to securing new laws, removing obsolete or unsound laws, or revising present partially unsatisfactory statutes. Social hygiene legislative needs in most of the states fall into all three of these classifications. For the past year the Association has been reviewing and summarizing existing legislation in this field. We are in a good position, therefore, to be of assistance in answering questions about types of laws and common expe-

rience with them in the various states. In this connection it is well to remember that frequently failure of a law is not due so much to its provisions, as to an unfavorable community policy toward it, to inefficient personnel, and poor methods of enforcement. In consideration of new legislation it is wise to review all these factors.

As in the past the Association will collect new social hygiene bills and enactments of the coming legislative sessions of 1935. Cooperation of individuals and agencies in making this collection comprehensive is requested and will be greatly appreciated. Particularly is it desired to learn of the attitude of legislators and the public toward proposed laws.

NEWS AND ABSTRACTS

International Unemployment and the Young.—In the third and last part of the series of pamphlets published (1934) by the Save the Children International Union on the effects of unemployment on children and young people we find reports on the situation in Bulgaria, Esthonia, Finland, France, Hungary, Norway and Sweden. M. Paul Wets, Children's Court Judge at Brussels, sums up the opinions—on the whole, negative—of his colleagues in Belgium with regard to the influence of unemployment on juvenile delinquency; and Mr. F. Sempkins, secretary of the International Bureau for the Suppression of Traffic in Women and Children, comes to a similar negative conclusion with regard to prostitution among the young, although a general laxness in sexual morality has to be admitted.

The general conclusions drawn from the whole enquiry make it clear that the influence of unemployment on the physical health of the child are scarcely to be separated from the very grave effects of the general distress caused by the economic crisis. On the other hand, the child of the out-of-work suffers psychologically much more than does the child of parents whose poverty is due to other causes, particularly on account of the atmosphere of insecurity and tension prevailing in the home, not to speak of the changed relations existing between the different members of the family. The psychological effects are much more striking in the case of the unemployed Young Person, for whom, while waiting for an easing of the labour market, *work* of some sort is the only really efficacious relief measure.

The National Public Housing Conference.—The social hygiene campaign receives a new and powerful ally with the entrance of the government into the field of public housing. If the recommendations of the National Public Housing Conference are followed, as it now appears they will be, the work done so far by the government in public housing will be vastly amplified and expanded. These recommendations were contained in a recent memorandum to President Roosevelt, urging the adoption of a long-range housing program designed to care for those now living in sub-standard and unsanitary slums and to continue regardless of economic fluctuations or changes in administration. The creation of a permanent federal housing bureau within the Department of the Interior to administrate this program was also recommended.

Thousands of homes in the fifty-nine cities surveyed in the Real Property Inventory conducted by the U. S. Bureau of Foreign and Domestic Commerce were found to be without the most rudimentary sanitary facilities, by modern standards, and shocking conditions of housing were shown to be widely prevalent. That such slum conditions of life have close correlation to the prevalence of venereal diseases has been clearly demonstrated in the maps and charts compiled by the slum clearance committee of New York City, which show an increase in the prevalence of syphilis and gonorrhea wherever housing conditions are at the lowest levels of decency in the city.

Continuing its campaign of striking at the roots of the housing evil through public education and organization, the National Public Housing Conference will hold a series of regional conferences across the continent during the fall and winter. The first was held at the Hotel Peabody, Memphis, Tenn., Sept. 29th–Oct. 1st; the second at the Hotel Beaconsfield, Brookline, Mass., Oct. 5th–6th, and the others will take place in St. Louis, Denver, and San Francisco, for which specific dates have not yet been assigned. These regional conferences will be followed by the second national conference on public housing in Washington during January. All social hygiene workers in these districts are urged to attend. Further information may be obtained by writing to the headquarters of the National Public Housing Conference at 112 East 19th St., New York City.

Realignment of the Program of Work of the National League of Women Voters.—At the convention in Boston, April 23–28, 1934, the National League of Women Voters accepted a realignment in its program of work. One of the main features of this action was the reduction of the number of departments from eight to six. In this process of condensation the items on the social hygiene program were reallocated to two other departments and the Social Hygiene Department as such exists no more. Those items having to do with the social protective measures particularly applicable to child protection, such as sex education, recreation, and the constructive work of visiting teachers, attendance officers, and policewomen were allocated to the Department of Government and Child Welfare. The health items on the former social hygiene program are included under the item

"Coordinated state and local public health organization" which appears on the child welfare program.

To the Department of Government and the Legal Status of Women were assigned the items pertaining to the discriminations against women especially sex offenders; also the items calling for the establishment of women's bureaus or adequate provision for women held pending trial, women serving sentences, and vice-repressive laws which would protect the community and not discriminate against women.

This realignment means that those members of the League who have worked in this department and new members who may become interested because of their new relationship to the program may go on working in the field of social hygiene under League auspices.

The most active legislative work done in this department has been in relation to women's state reformatories and state schools for girls. Securing appropriations for new institutions and preventing destructive cuts in appropriations has engaged the attention of several state Leagues. The District of Columbia League last year organized a successful campaign to secure an ordinance virtually ruling out taxidance halls. Securing and holding policewomen has been another active interest. However, most of the Leagues report that their best work has been done in the education of League members and others on social hygiene measures.

A Radio Program in Grand Rapids.—Seven thousand copies of the various radio talks given under the auspices of the Social Hygiene Committee of Grand Rapids, Michigan, were requested by listeners-in during the series, and "people are still coming in requesting copies of talks given months ago", says Marie A. Gezon, executive secretary. This was the committee's first effort at community information. Some of the more conservative members gasped when the plan was presented—a series of five and ten minute talks on various phases of social hygiene, to be given by local physicians and clergymen. "They doubted if we could get free time on the radio. They were very dubious about allowing such an assorted group to present these very delicate subjects, and they were doubtful about our being able to enlist the services of all these doctors and preachers." Nevertheless the committee, whose chairman is Father T. Raymond Dark, extended a vote of confidence at the close of the discussion and Miss Gezon went ahead. A program of twelve talks was outlined, and letters were written to the different persons whose participation was desired, explaining the need of social hygiene education in the community. With one exception, all those approached accepted. After the program was arranged the radio station manager and the owner in Detroit were interviewed. Both were interested, and although it was the first time they had ever granted so much free time, were willing to venture it. The next step was publicity for the program. The newspapers responded heartily, several hundred letters announcing the talks were sent out to churches, schools, social workers, and other community agencies and groups, and on Monday, December 4th, the first talk was given.

Community reaction was so favorable that the radio station requested that the talks be continued after the original twelve scheduled, and they went on each Monday evening at 7:30 until July 16th. Another program has been requested for this winter.

"We gave the ministers ten minutes and the doctors five", Miss Gezon writes. "This was a very agreeable arrangement, because ministers are accustomed to speaking at length while doctors are not. I found both professions keenly interested in social hygiene, and with hardly any exceptions the ministers gave a scientific as well as interesting discussion."

The Grand Rapids Committee, though young in experience—it was organized about a year ago—is vigorous in action. Aside from the radio talks, a series of more intimate talks are to be given in schools and churches this winter, each program to include technical facts presented by a physician, and followed by a brief practical talk by a social worker, teacher or minister. Literature obtained from the State Health Department is regularly distributed, and a regular program of public information is carried on.

Syphilis Among Negroes.—Among the many excellent social hygiene discussions held during the National Conference of Social Work in Kansas City last May was that on *Prevention and Control of Syphilis Among Negroes*, which was the subject of a joint session between the Conference's Division of Health, the Kansas City Social Hygiene Society and the National Association. The paper *From the Medical Point of View*, presented at this session by a Negro physician, Dr. J. Edward Perry of Kansas City, summarizes the situation so interestingly that we quote in part herewith:

The prevalence of syphilis among Negroes has occupied a conspicuous place in medical literature for possibly twenty-five years. The percentage in most instances has been so high that many people believe that the race is more syphilitic than otherwise. From statistics the outlook is very discouraging if not alarming.

The following figures represent unusual high rates:

(a) Charity Hospital Surgical Clinic, New Orleans.....	74%
(b) New Orleans Child Welfare Maternity Cases.....	56%
(c) Macon County, Alabama.....	39%
(d) Grady Hospital Maternity Clinic, Atlanta.....	34%
(e) Philadelphia General Hospital Obstetric Clinic.....	28%
(f) St. Louis Municipal Hospital No. 2 averages.....	28%

Ignorance, poverty and syphilis are co-partners. A very large percentage of Negroes who accept charity from such institutions as enumerated above, are of that type. Similar institutions for years have furnished statistics upon which is built the conclusion of an excessively large percentage of syphilis among *all* Negroes. For obvious reasons the rate of syphilis among Negroes is apparently greater

than among whites. Social status, economic independence and superior intelligence urge many whites to seek a private physician for treatment of their syphilitic infection, while his less fortunate brother is forced to accept any service available or gets none at all. But more extensive and practical surveys than have heretofore been published will be necessary to substantiate any statement beyond the fact that the statistics among groups of whites and Negroes of equal economic and social status, would be about the same.

For several years a number of Negro doctors connected with a few of that class of hospitals approved by the American College of Surgeons have been making careful surveys of the prevalence of syphilis. Eternal vigilance is the watchword. The following figures demonstrate the result of our effort: During the last five years at the John A. Andrews Memorial Hospital, Tuskegee, Alabama, approximately 7,500 routine Wassermanns have been done on members of the student body, with positive findings of 6 per cent. The Flint Goodrich Hospital, New Orleans, Louisiana, reports 25.8 per cent. George W. Hubbard Hospital, Meharry Medical College, divides their patients in two groups, (1) the illiterate and the illicit cohabitants—28 per cent, (2) the intelligent class of Negroes—men, four per cent, women, two per cent. In Prairie View Hospital, at Prairie View (Texas) State Normal School during the last three years, 1,520 Wassermanns were done with positive findings of nine per cent.

Kansas City Municipal Hospital No. 2 gave 8,334 serological tests in 1932 and 1933 with positive findings of over 34 per cent. This hospital provides facilities for a few people of the semi-intelligent group, but the majority of its inmates are of the pauper, illiterate and criminal classes. Located also in Kansas City is the Wheatley Provident Hospital that serves in the main a certain percentage of the intelligent and respectable class of Negroes. Routine serological tests in 1932 and 1933 were 1,648 with positive findings of 6.6 per cent.

Lincoln University, at Jefferson City, Missouri, has made a careful survey since 1931. The number of students examined was 701 and the findings were nine positive cases in the total examined.

In Lincoln High School, Kansas City, Missouri, with an enrollment of 573, 66 per cent were recently serologically tested with five per cent positive findings.

From the very large number of serological tests it is plainly demonstrated that the largest percentage of syphilis in Negroes is among the pauper and illiterate class. In other words it is a social, economic and educational problem.

The problem of health in all its phases belongs to the Negro himself and cannot, and should not, be shifted to the shoulders of others. In this effort at a proper solution he is entitled to sympathetic assistance and should be given the advantage of every facility that is available for other citizens. The doctor is the ideal individual to act as a crusader against this great foe that is menacing the racial physical security. The next in importance is the social worker.

The institutes being held by the American Social Hygiene Association for Negro doctors of the south will no doubt prove of more than ordinary significance. They serve a two-fold purpose:

- (1) The information and instructions given Negro physicians enabling them to do their work more efficiently.
- (2) It will probably bring about a closer relation between the Negro and white physician.

The superlative need of the colored medical men is facilities and contact. They need and should have ample hospital facilities and sympathetic advice and instruction from whatever source it can be obtained. In the most congested area of Negro population, I know of but one distinct Negro Department in a municipal institution. That place is Knoxville, Tennessee. This responsibility of eradicating syphilis from the Negro race must be largely done by the Negro medical men. It is just as impossible for them to develop a commendable degree of efficiency without facilities as it would be for white physicians. In addition to possession of scientific knowledge, there must be a keen interest beyond the sphere of personal aggrandizement. A psychological appreciation of racial peculiarities is a prerequisite. Sympathy must be genuine and not pretended.

The social worker should possess all the social acquirements enumerated above and be well informed on the ravages of syphilis. Literature should be provided giving in detail the various ways in which syphilis is contracted, also what can possibly happen to an individual so afflicted. The language should be simplified. This should be distributed in every home visited by the social worker. Films exhibiting the various manifestations of the disease should be shown in churches, lodge halls and women's clubs. Brush aside formalities and give plain facts. A ten-year campaign of education as outlined will reduce the present rate of syphilis fifty per cent among Negroes.

The National Health Council Adopts a Program for Negro Health.—

With the purpose of meeting better the serious problem of health among American Negroes the National Health Council has organized a committee to direct essential studies and program activities. This committee is known as the Committee on Negro Health of the National Health Council. The committee personnel is as follows: Dr. H. E. Kleinschmidt (Chairman), Dr. C. St. C. Guild, Dr. Walter Clarke, Lewis H. Carris, Franklin O. Nichols, Field Secretary.

Recent studies of the status and extent of student health service and health education in Negro educational institutions indicate the need, except in a few notable instances, for a sustained effort directed toward the improving and actual establishment of student health service and health education in these schools and colleges. A further confirmation of this need is found in the reports of the Committee on Student Health Service for Negro Youth appointed by the Office of Education of the United States Department of the Interior, which was a part of a general committee on Negro Health of which Mr. Nichols served as chairman. This committee was composed of important white and Negro educators in the field of student health.

There are approximately seventy colleges and teacher training schools providing higher educational opportunities for Negro students. The greater number of these students will enter the teaching field, especially in the South, and will have a direct influence on the Negro child's health habits and attitudes. There is an estimated undergraduate enrollment of 30,000 Negro youth in these institutions. There are approximately 2,200,000 Negro children in southern elementary schools and approximately 200,000 in high schools in southern states. In addition to this there is a large number of Negro normal schools providing teachers especially for rural areas of the South.

The Committee considers that its best immediate contribution can be made in directing its efforts toward this division of Negro health. The cooperative attitudes of educational leaders working among Negroes toward this committee's work and plans assures a successful program for more adequate attention to Negro student health. The interest of these leaders is no better indicated than in the work now being done in this field in a few of the more important Negro colleges. This beginning needs to be improved and expanded throughout Negro education.

The following program has been adopted for promotion by the committee.

- (A) Continued essential studies in student health service, health education and sanitation in Negro colleges. The committee hopes to have available a comprehensive picture of this situation especially as this applies to Negro colleges and teacher training institutions by the end of 1935.
- (B) Provision of consultation service for such institutions requesting these services as these pertain to student health service and health education.
- (C) Activities directed toward securing for Negro college students
 - (1) Adequate physical examinations with adequate correctives and the institution of a system of records and histories.
 - (2) Instructional hygiene.
 - (3) Development of interest and organization in recreational activities both required and voluntary.
- (D) Teacher Training Institutions
 - (1) Provisions for health service for student teachers. (This is an essential part of student teacher training in health education.)
 - (2) Instructional work in health education for elementary school children.
 - (3) Application of instructional work as a part of teacher training in the practice school and the opportunity to see in operation health administration for the school child.
 - (4) Guidance for setting up essential machinery for No. 1—2—3.

Essential Affiliation

There is a need for bringing Negro educational institutions in closer contact with established movements directed toward the improvement of student health. The committee is conferring with the American Student Health Association and others with the purpose of meeting this need.

The committee proposed to bring to its assistance consultation and cooperation from the best available experience in the student health and health education fields in the development of the above programs.

Negro Summer Schools

Large summer schools are in session each year in southern states for Negro practicing teachers. State educational authorities are requiring certain work for certification on the part of these teachers. In many instances neither hygiene nor health educational subjects are provided as required. The greater number of these teachers work in the rural areas. The committee proposes to review this problem and to work for meeting this important need for giving more attention to these subjects. It considers this project an important part of 1934-1935 program.

Essential Cooperation Activities

In view of the serious health problems provided by tuberculosis and syphilis among Negroes and the need for a better understanding of the problem of sight conservation among Negroes the committee proposes to cooperate in health movements, directed toward these problems, especially when such cooperation may be rendered as a part of the committee's plans in student health and health education.

The committee includes in its program provisions for studies, consultation, promotional and cooperative activities not herein specifically stated, but which might be indicated as essential from time to time in its general work in health among American Negroes. Among the organizations with which the committee expects to cooperate are the National Medical Association, and the National Negro Health Week, which is sponsored by the United States Public Health Service.

For the balance of the year, 1934, the committee's plans provide for a continuation of studies directed toward a better understanding of the status of student health service and health education in Negro colleges and teacher training institutions. These studies are being made as a basis of program. The committee is also including in its plans for this year consultation with administrators of Negro education to receive their cooperation and support for its program in Negro educational institutions.

Budget

Cooperative arrangements with members of the National Health Council, consultation services, educational literature and program assistance make it possible for the committee to continue this work in 1935 if supplementary funds in the amount of \$5,000 are made available.

American Public Health Association Joins in Effort to Prevent Congenital Syphilis.—The campaign against congenital syphilis received fresh impetus from the resolutions adopted by the Governing Council of the American Public Health Association at its meeting held on September 5 at Pasadena, California. These read as follows:

Whereas, congenital syphilis is responsible for so much morbidity and mortality among children, and

Whereas, early and effective treatment of infected pregnant women

would have prevented this disease in a very large per cent of the cases, in addition to bringing syphilis under control in the mothers, and

Whereas, the diagnosis, treatment and after-care involved are no longer prohibitive in expense or time required of either the doctor or patient,

Now Therefore be it Resolved, that the American Public Health Association endorse the campaign for the prevention of congenital syphilis and approve participation in a program of activities for this purpose, to the end of securing early health and medical examination of every pregnant woman in which blood examinations, including tests for syphilis shall be routinely employed and of securing early and adequate treatment of all found to be infected.

Social Hygiene in the Mercantile Marine.—The Brussels Agreement, a Survey of Action Taken from 1920 to 1934. By Sybil Neville-Rolfe. British Social Hygiene Council, London, 1934.

The British Social Hygiene Council has published a pamphlet entitled *Social Hygiene in the Mercantile Marine*, which gives an account of the developments which have followed the conclusion of the Brussels Agreement in 1924. The Brussels Agreement, it will be recalled, was a reciprocal agreement for providing free treatment for seamen in foreign ports. The International Labour Office and the Office International d'Hygiène Publique, together with the Union Internationale contre le Péril Vénérien have continued their interest in this subject and the present pamphlet recounts the progress which has been made up to the present time.

The author, Mrs. Sybil Neville-Rolfe, is Secretary-General of the British Social Hygiene Council and President of the Ports Commission, Union Internationale contre le Péril Vénérien.

The following are the conclusions of the report:

It will be seen that although there are six organizations in the international field working for the benefit of the seafarer a gap still remains in relation to the practical aspect of the problem. The Office Internationale is responsible for implementing the Belgian Agreement through Governments and for maintaining up to date the international list of port treatment centres.

The technical committee of the League of Nations is concerned with the question of the quality of treatment given; the permanent Committee on Seamen's Welfare of the League of Red Cross Societies is concerned with the improvement of medical facilities on board ship; the Marine Department of the International Labour Office, the Maritime Commission and the Maritime Conference are concerned with international conventions relating to labour conditions, the provision for leisure on board ship and for port welfare conditions. It is nobody's duty to ascertain the practical results of all these measures on the officers and seamen themselves and from the foregoing enquiry it is clear that the Brussels Agreement, though excellent in intention,

is failing to a considerable extent through lack of attention to details of primary importance, *e.g.*, that of seeing that the seaman is willing and able to use the facilities offered—that of securing that when he visits the clinics a consecutive course of treatment is given.

One would suggest that the Ports Commission of the Union Internationale should constitute itself a clearing house through which information can be collected by each national organization concerned with venereal disease and transmitted through the Union Internationale to the appropriate international official body. Reports from Governments are necessary and useful but if we are to secure our objective, that is to say if the seaman is to be effectively treated, we must have from the seaman himself information as to:

- (a) whether he is seeking treatment in foreign ports.
- (b) what difficulties, if any, he encounters in so doing.
- (c) if he is not seeking treatment, why?

It is quite clear that the number of seamen who begin and subsequently discontinue treatment is considerably greater than the number of the civil population in those countries where free facilities for treatment exist. We must ascertain what additional barrier prevents the seamen from completing the course of treatment. They are difficulties involved in the seamen's life that are not encountered by the shore worker—conditions of employment and conditions of living—and it is quite possible that some additional measures will be required if the seaman is really to share the full opportunities for treatment that are enjoyed by the shore employee.

If and when the recommendation on port welfare is implemented by Governments it will be even more essential that direct information as to the results of the efforts made in relation to the seafarer should be known to the responsible authorities.

The Union Internationale is the only body free to approach all Governments and to urge on them the claims of the seafarers of all nations. It is for the national organizations and the Union to maintain continuous pressure on all Governments to secure effective action.

Contraception and Fertility.—The Association's correspondence indicates that there is much interest in the report of the study made by Professor Raymond Pearl some years ago for Johns Hopkins University and the Milbank Memorial Fund. The following summary appeared in *Human Biology* for September, 1932:

1. This paper is a preliminary report on the first 2,000 cases in an investigation of the prevalence and effectiveness of the use of contraceptives in a sample of the American population living in large cities east of the Mississippi. The purpose of the investigation is to get direct, observed evidence of a critical character on a disputed phase of the population problem—namely, the actual as distinguished from either the theoretical or the potential effect of contraceptive practices upon the realization or overt expression of natural fertility in a defined sample of the population. The total mass

of material will be much larger when the study is completed. Anything in the way of definitive conclusions now would be premature, and is not attempted.

2. The methodology of the study is a combination of the case method with certain features of the questionnaire method. The data are collected from women undergoing parturition in the obstetric clinics of hospitals, and are obtained and recorded by physicians trained in obstetrics.

3. The 2,000 cases here discussed come almost entirely from the lower economic and social levels; they represent deliveries in 38 different hospitals in five cities, Baltimore, Washington, Philadelphia, New York, and Chicago; 69.5 per cent are whites and 30.5 per cent are Negroes; 32.4 per cent of the white women and 26.9 per cent of the Negro women had attended high school or some higher institution of learning; 97 per cent of the white women and 78.1 per cent of the Negro women were married and living in wedlock.

4. The 2,000 women had experienced during their lives 5,496 pregnancies, or an average of 2.75 pregnancies per woman. For the whites the corresponding figures are 3,731 pregnancies and 2.68 per woman; for the Negroes 1,765 pregnancies or 2.89 per woman.

5. Some attempt to prevent conception had been made by 35.8 per cent of the white women, and by 15.4 per cent of the Negro women. The corresponding percentages for white married women living in wedlock was 36.6 per cent.

6. The different methods of contraception used were such and were so distributed that, in this sample, the white men alone bore 48.7 per cent of the total burden of family limitation; the white couples conjointly 2 per cent of the burden; and the white women alone 49.3 per cent of the burden. Among the Negroes the males assumed only 33.1 per cent of the total responsibility; the couples conjointly 2.9 per cent; and the women alone 64 per cent.

7. A new and more precise method of calculating person-years of exposure to risk of pregnancy is described.

8. The mean number of years of exposure to risk of pregnancy for each married woman exposed was, in this experience, approximately one year greater C+ (contraception practised) white women than for the C- (contraception not practised) white women, and 0.84 year greater for the C+ Negro women than for the C- Negro women.

9. The mean number of pregnancies per married woman as experienced throughout the entire reproductive life up to the time of record was *higher* for the C+ women than for the C- women in this sample, by an insignificant amount in the white group and by a considerable amount among the Negroes.

10. The pregnancy rate per 100 person-years exposure to risk of pregnancy is 14.57 points lower in the C+ group of white women than in the C- group. In other words the methods of contraception actually practised by this group of married white women were accompanied by a reduction in the pregnancy rate per person per

unit of time of only about 20 per cent below that which obtained in a comparable group of C— women during approximately the same time.

11. In the case of the Negro married women in this sample the pregnancy rate per 100 person-years exposure to risk of pregnancy is considerably *higher* among the C+ women than it is among the C— women.

12. There is some reason to think, though it is not yet demonstrated, that women who practise contraception are innately more fertile than women who do not, or than a random sample of women in general.

A Report on the Project for Research in Vaginitis.—Another study upon which information for the general reader has been requested appeared in the Hospital Social Service for March, 1933; published as a special supplement *Cervico-Vaginitis of Gonococcal Origin in Children* (110 pages), by Dr. Walter M. Brunet, Dr. Dora M. Tolle, M. Tolle, Miss Sara Alicia Scudder, and Miss Anne Ruth Medcalf, with a special foreword by Drs. Emily D. Barringer, Robert L. Dickinson and William H. Park.

This study reviews the vaginitis research project carried on by the Bellevue-Yorkville Health Demonstration in cooperation with the New York City Department of Health, Department of Hospitals, and the New York Tuberculosis and Health Association, from July 1927 to June 1930. The monograph includes a summary of the medical history and social facts of the 322 cases observed, an account of the bacteriological work, and a description of records and clinic procedure.

The authors of the foreword point out that it contains a mass of impressive information for the enlightenment of both clinician and laboratory expert, and comment on the careful bacteriological work and the results obtained through the efficient follow-up service of the clinic. The main findings and recommendations, as summarized by Drs. Brunet and Tolle, in the clinical section of this monograph, read as follows:

In a series comprising 322 young children referred because of vaginitis of supposed gonococcal origin, 241 were studied with relative completeness, including 175 cases with vaginal endoscopic examination.

Upon admission, the 241 cases were classified as follows: 192, or 79 per cent, were judged to have positive clinical gonorrhea; 33, or 14 per cent, were grouped as suspicious; while 16, or 7 per cent, were considered negative clinically. Bacteriologically, the 241 tested, 102 positive, 102 suspicious, and 37 negative. In all, 233 cases, or 97 per cent, were judged to be positive or suspicious either by clinical findings or laboratory test. Clinical and laboratory reports

corresponded to a high degree, 85 out of 100 cases agreeing. Of the 15 per cent not agreeing, 12 were positive or suspicious clinically, but negative in the laboratory, while only 3 per cent were in that difficult class with no clinical symptoms, but with positive or suspicious bacteriological tests.

A high incidence of gonorrhea was found in the families of these children. Thus of 113 cases where other members were examined, positive infections of one or more other persons were discovered in 104 families, or in 92 per cent. Of the 76 mothers who were examined, 46, or 60 per cent, showed positive existence of gonorrhea, while the 30 others all had signs of chronic leucorrhea. Cervico-vaginitis was rarely due to sexual contact or violation.

The clinical evidence showed that cervico-vaginitis in children does not differ widely from a similar infection in adults. Its course resembled that in adults. Smarting and frequent urination started in three to eight days after infection, with a sub-acute or chronic stage soon developing. The difference from the adult picture lay in the rarity of inflammation of the vulvo-vaginal glands, of the urethra proper, and of the fallopian tubes and peritoneum. In only four cases did pelvic involvement occur, and eye infection in but two, only one of which was found to be gonorrheal. The absence, in this series, of rectal involvement is to be noted, and no single case of arthritis was observed.

On the other hand, examination of the cervixes showed about four-fifths affected; and a strong tendency to persistence probably due to the infantile type of uterus, which is largely cervix.

Inspection of the cervix was easily made with a 26 to 28 F electrically lighted urethro-vesical endoscope.

Treatment, as tested, did not abort the disease. Its course (as gauged against 84 controls which had mere external genital cleansing) was somewhat shortened by use of instillations of mercurochrome in 2 per cent aqueous solution applied daily at home, and by mercurochrome in gelatin applied through the endoscope at the clinic. Vaccines did not shorten the course in fifteen cases observed by Brunet and Tolle, unlike Hamilton's report on long service.

The obstinate character of the disease and its slow subsidence are confirmed. The disease is self-limited and usually fades out within a few months.

The contagious character of gonococcal cervico-vaginitis is such that it calls for instruction in routine genital cleansing of the vulva in the well children of the family, emphasizing the use of separate personal outfits, and for very special details of care in those affected.

Verbal instruction does not suffice, but should be supplemented by printed details specifying the rigid routine for the infected.

Infected adults should be warned particularly of the danger to the female children in the household.

Exact cleanliness of the external genitals gives results nearly as good as more complicated methods, such as instillations into the vagina, douches, or intravaginal applications by speculum by doctor or nurse.

Such simple care has the advantage of focussing the child's attention less on its genitals.

Several smears (or cultures) may be needed to make a positive diagnosis. The symptoms and visual findings are such that the diagnosis can be made with sufficient definiteness to start essential precautions before laboratory reports are available.

Conversely, the absence of any history of bladder irritation, swelling, itching and discharge or any appearance of inflammation of vulva, or meatus or cervix gives reasonable assurance of lack of contagiousness. This is an important practical matter in admissions to institutions or families.

There is little need of hospitalization except in the infrequent deeper troubles such as peritonitis, or arthritis. The clinic or district nurse or doctor should train the parent in routine care. Follow-up will insist that genital cleansing and separate outfit continue until several smears prove negative.

CURRENT PUBLICATIONS AND CORRESPONDENCE

FOUR BASIC TASKS IN HEALTH EDUCATION

Bertrand Brown, writing in the *American Journal of Public Health* (July, 1934), asks, "What specifically do we mean when we talk about health education?" and proceeds to define it in terms of the basic tasks involved:

In any intelligently planned health educational effort, there are four fundamental considerations present. They may be indicated by the four-part question:

1. What ideas, images and emotional appeals must be conceived, accumulated, arranged, set forth and produced, and
2. Transmitted through what medium, or by what means
3. To what audiences, in what locality or localities, in order
4. To accomplish what objectives?

Much confusion will be obviated by a clear understanding at the outset that *wherever*, *however*, and by *whomever* done, health education is a process which necessarily involves these four basic considerations.

Health education can be intelligently planned and, as a consequence, effectively and economically pursued, only when each of these four fundamental component tasks is considered, not only as a separate factor in the educational process, but in its relation to each and all of the other basic tasks present.

Whether we recognize them or not, these basic considerations are always present in all health educational effort, and not only are they always present; they are always interdependent.

ANNOUNCEMENTS

Last Month.—Our November *Health Education* number proved popular. We thank our readers for their complimentary remarks, and take this opportunity to say that we have a limited reserve supply of this issue. They are available at the usual rate of *35 cents each*. Reprints of Dr. Clarke's *Notes for a Popular Talk for the General Public on Syphilis and Gonococcus Infections*, 5 cents each, 50 cents per dozen, \$2.50 per hundred.

This Month.—If the inquiries we receive may be taken as an index, *High Points of the Conference on Education for Marriage and Family Social Relations* will be given a warm welcome. Reprints are available at the usual rates, 10 cents each, 80 cents per dozen, \$5.00 per hundred. To non-readers of the JOURNAL who desire this article, may we suggest that the entire number will be found helpful to persons and agencies interested in young people. Dr. Wile's *Sexual Problems of Adolescents* and Dr. Popenoe's *Betrothal* are both pertinent and enlightening. The latter will be of particular interest to engaged couples. *Single copies of the JOURNAL, 35 cents.* . . .

Next Month.—Nearly twenty-one years have gone by since the Association first lifted its banner on behalf of family preservation, and took up the cudgels against the enemies of family life. Achievement of this, its great objective, the founders knew would call for approach by several different avenues of effort. How far have we travelled on the ways so wisely marked out for us? is a question we frequently ask ourselves. The January JOURNAL will endeavor to give an account of progress to date. . . .

In February.—Social hygiene and health workers tell us that our annual summary of activities in the states and community is handy for reference the year round. The latest edition was used up long before the calls stopped coming it. We'll try to have enough of this year's summary, in the February JOURNAL, to supply all requests. *35 cents a copy. Please ask us early.*

Reduced Prices.—Our readers are reminded that Dr. Benjamin C. Gruenberg's book, *Parents and Sex Education*, may be secured at present at the low price of 75 cents per copy. As this offer may not be continued indefinitely, be sure to order your copy promptly. . . . The same applies to Dr. Snow's *Special Series* of pamphlets, *Health for Man and Boy, Women and Their Health and Marriage and Parenthood*. These may now be had at half-price, 5 cents per copy, 15 cents per set, quantity lots proportionately lower than regular prices.

Publications for Nurses.—*Social Hygiene and the Nurse* is a four-page list of pamphlets, book, charts and exhibits especially selected for use by the nursing profession. Ask for Publication No. 884. *No charge.*

For Parents and Others.—The *Parents' Number* of the JOURNAL has been in steady demand since it appeared last May, and many reprints of the various articles have been called for. To those unfamiliar with this number the titles will indicate the scope and variety of the subject-matter: *Youth Blazes a New Trail, Sex Instruction in Public Schools, Social Life for High School Girls and Boys, Substitutes for Vice, The Least Privileged Child, Sex Education and the Parents Point of View, Suggestions for Organizing a Community Social Hygiene Program, Some Things a Community Should Know about Itself, Social Hygiene Books and Pamphlets for Teachers, Parents and Young People*. This material is particularly designed to aid teachers, church workers and others dealing with young people, in addition to the parents to whom it is addressed. A copy should be in every school, church and club library. *The price is 35 cents.*

Also for Parents and Teachers.—*Social Hygiene* is the title of a 16-page booklet published by the National Congress of Parents and Teachers, 1201 16th Street, N.W., Washington, D. C., with the subtitle *Cooperation of Home and School in Guiding Boy-Girl Conduct*. Discussion topics and a list of references are included. *Price 5 cents, 20 copies, 80 cents, 100 for \$3.00, 1,000 for \$22.50.*

Membership in the Association, with its privileges of receipt of the JOURNAL, the *News*, pamphlets and other publications, would be a welcome gift to your friends and acquaintances. Annual dues \$2.00.

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